

Whitmore Reans Health Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitmore Reans Health Practice on 5 December 2014. The practice was rated as requires improvement overall. The full comprehensive report on the December 2014 inspection by selecting the 'all reports' link for Whitmore Reans Health Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 10 October 2016. We found that the practice had met the requirements of the requirement notice issued and addressed the recommendations made at the December 2014 inspection. However other issues identified at this inspection has meant that the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to act on significant events but formal arrangements were not in place for the ongoing monitoring of any changes made and ensuring improvements are appropriate.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet people's needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Most risks were well managed, although action was needed in the areas of medicines management.
- Patients said they were treated with compassion, dignity and respect and the majority of feedback from patients about their care was positive.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the patient participation group.
- The practice facilities were well equipped and maintained to treat and meet patients' needs.
- Clinical audits were carried out and demonstrated improvement. However there were long periods between audit cycles
- The practice had visible clinical and managerial leadership and governance arrangements.

However there were areas of practice where the provider must make improvements:

- Implement a recorded system to receive and act on alerts that may affect patients' safety.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure arrangements are in place to monitor and improve the quality of the service.

There were areas of practice where the provider should make improvements:

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

- Carry out practice specific health and safety assessments.
- Review the arrangements for shared care agreements so that the practice can gain access to patient test results before issuing a repeat prescription.
- Introduce a process for regularly reviewing Patient Group Directions to ensure that they meet legislative requirements.
- Review the arrangements for completing clinical audit cycles to support timely and appropriate improvements in the quality of patient care.
- Review the system for managing patients' discharge letters and medicine changes.
- Improve the uptake of childhood annual immunisations.
- Ensure that confidentiality of patient information is maintained at all times in line with Data Protection Regulations.
- Ensure that a record of all home visits carried out is maintained.
- Ensure that policies and procedures for the management of medicines are updated to reflect current practices.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. Lessons learnt were shared with staff to make sure action was taken to improve safety in the practice.
- However, the practice did not have a formal system in place for the ongoing monitoring of significant events to ensure that any changes made as a result were appropriate.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not all fully assessed or well managed. This included the lack of appropriate arrangements for the safe management of medicines and further action was needed to strengthen the way safety alerts about medicines were managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average when compared to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvement. There were long periods between audit cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The arrangements for managing patient discharge letters were not fully effective.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients broadly rated the practice similar to others for several aspects of care. Outcomes for interactions with GPs were lower than local and national averages. The practice was taking action to address this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 659 carers on its register. This represented 5% of the practice population, which was significantly higher than the expected percentage of at least one percent.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice worked closely with the CCG and community services to improve services for its increasing number of patients from South East Asia, the Middle East and East Europe.
- Patients commented that they could easily get an appointment however it was difficult to get through to the practice on the telephone to make an appointment. Patients also commented that they had to wait a long time to be seen at an appointment. The practice was aware of this and was actively trying to address patients' concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy and staff were clear about the vision and their responsibilities in relation to this.

Requires improvement



Summary of findings

- Governance for clinical risks to keep patients safe was mixed. We saw that effective arrangements for the safe management of high risk medicines and handling medicine alerts were not in place.
- The practice had a number of policies and procedures to govern activity and held regular meetings. Some policies were not regularly updated to reflect ongoing changes in practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population. Home visits and flexible appointments were available for older patients.
- Patients aged 75 years plus were offered annual health checks, allocated a named GP and were included on the practice hospital admission avoidance register.
- The practice maintained a register of housebound older patients and older patients who required a home visit.
- Older patients were offered urgent appointments for those with enhanced needs plus longer appointments which gave them more time to discuss health issues with a clinician.

Requires improvement



People with long term conditions

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The GPs, nurses and healthcare assistants had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice Quality and Outcomes Framework (QOF) score for the care of patients with long-term conditions was higher overall compared to the local and national average. For example the practice performance for diabetes related clinical indicators overall was higher than the local Clinical Commissioning Group and England average (90% compared to the local average of 82% and England average of 89%).
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Immunisation rates were lower overall for all standard childhood immunisations. The practice worked closely with the health visitor and local children centre to address this.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had access to health visitors and community midwives who were available one morning and one afternoon per week to support the care of pregnant women, childhood development checks, immunisations and pre-school checks.
- The practice's uptake for the cervical screening programme was 82% which was higher than the local Clinical Commissioning Group (CCG) average of 78% and the same as the England average.
- Protected daily appointments were available for children of all ages and children aged under the age of one were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered on telephone consultations.
- The practice offered extended clinic appointments three days per week for working patients who could not attend during the normal opening hours.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were sent telephone texts to remind them about their appointment.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- To help meet the needs of its high number of patients from South East Asia, the Middle East and East Europe communities the practice worked closely with the local migrant and refugee centre.
- The practice provided access to counselling services for patients who experienced domestic abuse.
- The practice held a register of patients with a learning disability and offered this group of patients longer appointments.
- The practice was alerted to other patients whose circumstances may make them vulnerable or may present a risk to ensure that they were registered with the practice if appropriate.
- The practice supported patients who were identified as being homeless and provided both health and social professional support.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice maintained a register of patients diagnosed with dementia
- Clinical data for the year 2014/15 showed that the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 73%, which was lower than the national average of 84%. The data for 2015/16 showed that the practice had improved significantly on this and achieved 85%.

Requires improvement



Summary of findings

- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 92% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This
- Patients experiencing poor mental health were offered continuity of care and weekly appointments with a counsellor at the practice. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the local and national averages. A total of 372 surveys (2.8% of patient list) were sent out and 112 (30%) responses, which is equivalent to 0.8% of the patient list, were returned. Results indicated the practice performance was lower than other practices in some aspects of care. For example:

- 46% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 74% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 73% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 65% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).
- 79% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 13 comment

cards, which were overall positive about the service received. Patients said that the service was very good and that staff were professional, helpful and listened. Patient comments on access to the practice were aligned with the national GP patient results. Patients commented that they could easily get an appointment however it was difficult to get through to the practice on the telephone to make an appointment. Patients also commented that they had to wait a long time to be seen at an appointment. We spoke with six patients on the day of our inspection, which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. All six patients overall felt that they received good treatment, were listened to and treated with respect.

The practice monitored the results of the friends and family test monthly. The results for a three month period June 2016 to August 2016 showed that 61 responses had been completed and of these, 35 (57%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 23 (37%) patients were likely to recommend the practice. The remaining results showed that one (1.6%) patient was unlikely to recommend the practice and two (3.2%) patients stated that they did not know if they would recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received.

Areas for improvement

Action the service **MUST** take to improve

- Implement a recorded system to receive and act on alerts that may affect patients' safety.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure arrangements are in place to monitor and improve the quality of the service.

Action the service **SHOULD** take to improve

- Introduce formal arrangements for the ongoing monitoring of significant events to prevent further occurrences and ensure that improvements made are appropriate.
- Carry out practice specific health and safety assessments.
- Review the arrangements for shared care agreements so that the practice can gain access to patient test results before issuing a repeat prescription.

Summary of findings

- Introduce a process for regularly reviewing Patient Group Directions to ensure that they meet legislative requirements.
- Review the arrangements for completing clinical audit cycles to support timely and appropriate improvements in the quality of patient care.
- Review the system for managing patients' discharge letters and medicine changes.
- Improve the uptake of childhood annual immunisations.
- Ensure that confidentiality of patient information is maintained at all times in line with Data Protection Regulations.
- Ensure that a record of all home visits carried out is maintained.
- Ensure that policies and procedures for the management of medicines are updated to reflect current practices.

Whitmore Reans Health Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Whitmore Reans Health Practice

Whitmore Reans Health Practice is registered to provide medical services over three sites within the Wolverhampton area. The main practice is based at Whitmore Reans Health Centre a purpose built health centre. The branches are located at, Pendeford Health Centre and Ednam Road Surgery. For this inspection a visit was made to the main practice and the branch practice located at Ednam Road. The practice and branches have good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. There is level access at two of the sites and access via a ramp at the Ednam Road branch practice. Services are provided to patients on the ground floor at each of the premises and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 13,170 patients over the three sites. It provides Directed Enhanced Services, such as childhood vaccinations and

immunisations, minor surgery and extended hours. The practice and branches are located in one of the most deprived areas of Wolverhampton. The practice has a higher than average unemployment rate (33%) for the local area. The level of income deprivation affecting children of 29% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (33% compared to 16%). People living in more deprived areas tend to have a greater need for health services. The practice has a higher than average population of patients from South East Asia, the Middle East and East Europe.

The practice team consists of two GP partners and one salaried GP, two male and one female. All the GPs each work nine to ten sessions per week. The GPs are currently supported by two advanced nurse practitioners, three practice nurses and a healthcare assistant. Clinical staff are supported by three practice managers, a property manager and 19 administration / receptionist staff. In total there are 32 staff employed either full or part time hours to meet the needs of patients across the three sites. The practice has four long term locum GPs who work on a sessional basis to support the clinicians and meet the needs of patients at the practice.

The main practice and branches are open between the following times:

- Whitmore Reans Health Centre

The practice is open between 8.30am and 1.30pm Monday to Friday, Monday 3pm to 7.30pm, Tuesday 3pm to 7pm and Wednesday to Friday from 3pm to 6.30pm.

- Pendeford Health Centre

Detailed findings

The branch is open Monday to Friday from 8.30am to 1pm and 2pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice is closed on Thursday afternoon.

- Ednam Road

The branch is open between 8.30am and 6.30pm on Monday, Tuesday, Thursday and Friday and 8.30am to 7.30pm on Wednesday.

This practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service by Vocare via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Whitmore Reans Health Practice on 5 December 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services. The full comprehensive report on the December 2014 inspection can be found by selecting the 'all reports' link for Whitmore Reans Health Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive follow up inspection on 10 October 2016 to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 10 October 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 4 December 2014, we rated the practice as requires improvement for providing safe services. This was because:

- Effective arrangements were not in place to ensure that the information required under current legislation was available in respect of all staff employed to work at the practice.
- Significant events were not documented in detail to show learning and reflection.

These arrangements had improved when we undertook a follow up inspection on 10 October 2016. However other issues identified at this inspection has meant that the provider is again rated as requires improvement.

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform one of the practice managers or the senior GP partner of any incidents. Staff recorded events in a book and the details were recorded onto a template format which was available on the practice computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Significant event recording forms showed that incidents were investigated but the information was not ordered to clearly describe the event. We saw that the minutes of meetings were more detailed to demonstrate that learning from events had been shared with staff. Staff we spoke with confirmed that these discussions had taken place and were able to share examples of significant events that had occurred. However we found that there was a lack of written information to show that significant events were followed up to ensure that any changes made were appropriate. The practice had recorded four significant events that had occurred in the last 12 months. One of the events involved a member of the public who had collapsed

outside the practice. Records showed that the incident had been managed appropriately by staff. Systems and training were reviewed to ensure that all staff knew the location of emergency equipment and were confident about how to manage similar situations.

The process for acting on medicines alerts that may affect patient safety was not fully effective. Staff told us they received information, disseminated it and took action when needed. We looked at what action the practice had taken in relation to recent medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff told us they had not received any of the recent alerts that we looked at. At the time of our inspection the practice identified that their subscription to the MHRA did not include drug safety updates which included medicines alerts. The practice took action by updating their subscription and started putting plans in place to establish if any actions were required on past alerts.

Overview of safety systems and processes

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. One of the practice managers attended safeguarding meetings and provided reports where necessary for other agencies. GPs and practice nurses were trained to child safeguarding level 3. The practice training matrix showed that not all administration staff had received training on safeguarding children and vulnerable adults relevant to their role. We saw that plans were in place for these staff to complete the training. Staff we spoke with demonstrated that they understood their responsibilities if they suspected that someone was at risk from harm. The practice had carried out a review to ensure that its list of children who had not attended appointments and those included on the child protection register were monitored and up to date. Suspected safeguarding concerns were shared with health visitors and midwives linked to the practice and other relevant professionals.

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. Both clinical and non-clinical staff who acted as chaperones were trained for the role and had received an Enhanced Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. The main practice and branch located in health centres were shared buildings and owned by NHS property services. One of the practice managers told us that NHS property services were responsible for monitoring the standard of cleaning and undertook spot checks. The practice at Ednam Road was owned by the provider. There were cleaning schedules in place that included daily, weekly and monthly tasks so that cleaning was consistently maintained. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included gloves and aprons. Records showed that handwashing audits were completed.
- The practice nurse was the clinical lead for infection control. There was an infection control policy in place and most staff had received up to date training or were due to complete it. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs. Appropriate clinical waste disposal contracts were in place. Annual infection control audits were undertaken and we saw evidence that the practice had completed an action plan to address any improvements needed. Our observation at the Ednam Road branch identified that the rooms on the first floor of the premises were not clean and tidy. For example, we noted that the carpet in the staff toilet was stained. The infection control audit we looked at had identified that the upstairs rooms at the Ednam Road practice were in need of repair and refurbishment. The audit noted that the flooring in the staff toilet needed replacing and the room used for the storage of equipment and stock was assessed as unacceptable due to wall damage and mould. The practice action plan stated that the refurbishment was scheduled for October 2016. We found that the practice did not have any specific plans in place to demonstrate when the work would commence. These rooms were only accessible to staff.

Following the inspection the practice sent us photographs to demonstrate and confirm that the work had been carried out to ensure that these rooms were safe to be used.

- The management of most medicines at the practice kept patients safe. The practice carried out regular medicines audits, with the support of the local pharmacist advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There was a dedicated secure fridge where vaccines were stored. There were systems in place to ensure that regular checks of the fridge temperature was undertaken and recorded. This provided assurance that the vaccines were stored within the recommended temperature ranges. The practice did not store any controlled drugs.

Patient Group Directions had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. However we found that they had not all been signed. This was addressed on the day of the inspection. The advanced nurse practitioners were also qualified nurse prescribers and received appropriate supervision. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

There were arrangements in place for repeat prescribing so that patients were reviewed appropriately to ensure medications remained relevant to their health needs. Practice staff told us that there was a system in place to monitor and manage all uncollected prescriptions. The receptionists spoken with explained that uncollected prescriptions were reviewed every two months. We looked at the prescriptions waiting to be collected and found five uncollected prescriptions, three of which fell outside of the period where they should have been destroyed or referred to the GP. Following a patients discharge from hospital reception/administration staff were responsible for updating and adding medication changes to patients prescriptions. The prescriptions were then checked by the GP for accuracy and signing. We found that the practice protocol for medicine management had not been updated to reflect this practice.

Are services safe?

We found that the practice did not have effective systems in place for the prescribing and monitoring of high risk medicines. There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored but these were not consistently followed. For example, a review of the monitoring of five high risk medicines registers showed that some high risk medicines were on repeat prescriptions, which meant that any tests needed may not be carried out. One of the registers showed that there were 103 patients on warfarin, a high risk medicine used to prevent blood clotting. Reception staff were responsible for transcribing these test results into patients electronic records, we found that entries were inconsistent for example, one result was recorded as normal and the actual numeric result not entered.

The practice patient computer system included a programme which alerted the practice staff to patients that were on high risk medicines and whether specific tests were required. The GPs told us that they did not have access to the hospital test results system for those patients receiving shared care. This meant that it could not be confirmed that relevant tests had been completed or results of tests checked. These issues were discussed with the GPs who acknowledged that the arrangements were not fully effective to ensure that patients were appropriately managed. The practice planned to review its current practice which included a review of all patients and to develop appropriate policies and procedures to address this.

- Following our previous inspection improvements had been made to the staff recruitment procedures. We reviewed five personnel files and found that there was evidence that qualification and had been completed for the practice nurses and GPs. References had been obtained for two recently employed staff and the practice had ensured that appropriate checks had been completed. The practice used GP locums to support the clinicians and meet the needs of patients at the practice. The practice obtained sufficient information such as confirmation of DBS checks, qualifications and registration status. This information was used to confirm that locum staff were suitable to work with patients at the practice. There were systems in place to monitor and review staffing levels to ensure any shortages were addressed and did not impact on the delivery of the

service. All staff were able to work across all three practices to cover each other's annual leave and other absences. The locum GPs worked extra sessions when needed.

Monitoring risks to patients

Risks to patients were assessed and mostly well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified the health and safety representative. Staff told us that health and safety was discussed during their induction. All staff had completed health and safety training for example, fire safety and moving and handling. All practice sites had up to date fire risk assessments and carried out regular fire drills. The fire alarm and extinguishers were checked weekly. The outcome of fire drills were recorded and reflected on and action taken to address any concerns.

All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had completed a generic health and safety assessment linked to the practice policy. However there was no evidence of practice specific health and safety assessments. For example, health and safety precautions for pregnant staff and lone working. We saw evidence that a legionella risk assessment had been completed by an external company on behalf of NHS property services. The practice had other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). One of the managers told us that NHS property services who owned the premises regularly flushed all of the water outlets to reduce the risk of legionella, however records were not available to confirm this. The practice ensured that these assessments were also completed at the Ednam Road branch, which was owned by practice.

We saw during the inspection that access to patient electronic information was not secure at all times as the doors to offices were open and individual access cards were left in the computer. This was discussed with the practice staff who confirmed that appropriate action would be taken.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents, which included:

- An instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. At the mean practice there were panic buttons in all rooms. An electronic board in the reception area identified for staff which room the alarm had been raised.
- The practice had individual comprehensive business continuity plans in place for all three sites. The plan

included details on how staff should deal with major incidents such as power failure or building damage. There were details of emergency contact numbers for staff and copies of the plan were kept off site.

- The training matrix showed that all staff had received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available, easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 December 2014, we rated the practice as requires improvement for providing effective services. This was because:

- The arrangements to assess, manage and monitor the needs of patients with a diagnosis of dementia, patients with chronic illnesses and those receiving end of life care were not appropriate.
- Arrangements were not in place to ensure patients receiving NHS health checks carried out by other services.
- Arrangements for monitoring training received by staff to ensure that they have the knowledge and skills they need to deliver care safely was not in place.

These arrangements had improved when we undertook a follow up inspection on 10 October 2016. The provider is now rated good for providing effective services.

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information and other research findings to deliver care and treatment that met patients' needs. The practice used electronic care plan templates based on NICE guidance. Examples of these were seen and included templates for asthma and dementia.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 98% of the total number points available for 2014-2015 this was higher than the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 6.2% was lower than the CCG average of 7.5% and national average of 9.2%. Clinical exception reporting is the removal of patients from QOF calculations

where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2014-2015 showed:

- The practice performance in four of five diabetes related indicators was higher than the local CCG and England averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared with the CCG average of 87% and England average of 88%). The practice exception reporting rate of 0.8% was lower than the local average of 4.8% and the England average of 7.6%.
- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 94%. This was higher than the local CCG average of 91% and England average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 3.6% showed that it was lower than the local average of 6.8% and national average of 11.1%.
- Performance for mental health related indicators was higher than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the local CCG average of 88% and England average of 88%. The practice clinical exception rate of 10.5% for this clinical area was higher than the local CCG average of 8.7% although lower than the England average of 12.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was lower than the local CCG average and England averages (73% compared with the CCG average of 82% and England average of 84%). The practice clinical exception rate of 4.6% for this clinical area was lower than the local CCG average of 7.7% and the England average of 8.3%.

The practice had performed well overall when compared to the local CCG and England averages. There was one prescribing indicator which showed a significant large variation when compared to the CCG and England averages. This indicator was related to the prescribing of

Are services effective?

(for example, treatment is effective)

anti-inflammatory medicines used to relieve pain and inflammation and often prescribed in high doses for painful long-term conditions such as osteoarthritis and rheumatoid arthritis. The practice rate was 56.3% compared to the local CCG average of 77.7% and the England average of 76.6%. A low value for this indicator could indicate an over reliance on these medicines which carry greater gastro-intestinal (such as dyspepsia and ulcers) and cardiovascular risks (such as heart attacks and strokes) for patients. The practice had discussed this with their local CCG pharmacist advisor and provided data to confirm that improvements had been made. The data showed that prescribing rates for a number of medicines were in line with the national average. One of the practice managers was responsible for QOF performance monitoring and reported on this monthly to ensure that the practice staff were aware of clinical areas that needed to be followed up. We saw that the CCG benchmarked the practice against other practices in the locality. The GPs attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed.

We saw that eight clinical audits had been carried out to facilitate quality improvement. The practice indicated that three two cycles had been completed. One of the audits looked at whether patients with atrial fibrillation (A heart condition that causes an irregular and often abnormally fast heart rate) were receiving treatment in line with NICE guidance. The first cycle of this audit was carried out in 2014 the audit showed that 55% of the patients identified were being treated in line with the recommended guidance. The audit was repeated in 2016 and had identified 23 patients who had been diagnosed and treated over the previous three months. The audit identified that 17 (72%) of these patients were being treated in line with the recommended guidance. Arrangements were put in place for patients to be contacted and reviews carried out and a plan of care put in place. The practice determined that a further audit would be repeated in three months. It was noted that following the audit in 2014 the practice also planned at that time to repeat the audit three monthly. The practice could not confirm that this was completed. The audit we looked at showed that it was carried out two years later.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. The induction programme covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Following the inspection in December 2014 the practice introduced a training matrix to demonstrate the training completed by staff and the date an update was due. We found that there were gaps in the matrix to confirm that staff had received training in topics such as fire safety, health and safety and infection prevention and control. Staff we spoke with confirmed the training that they had completed. We found that some of these had not been entered onto the matrix. One of the practice managers told us that the matrix would be updated. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The lead advanced nurse practitioner had ensured that the practice nurses and healthcare assistant had their learning needs met. One of the practice nurses told us that the practice had supported her to complete a degree in practice nursing. Staff training records showed that training and development needs were identified through a system of appraisals and meetings. All staff had had an appraisal within the last 12 months.
- The practice nurses and GPs had all completed clinical specific training updates and competency assessments to support annual appraisals and revalidation. Clinical staff had received training to support the review of patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence.
- There were sufficient staff to meet the needs of patients within the practice. The practice used locum GPs and nurses to provide cover for holiday leave and other planned absences.

Coordinating patient care and information sharing

The practice worked with other health and social care professionals such as hospital consultants, the local hospice, Macmillan team, community matron and district nurses. The practice maintained a register of patients at

Are services effective?

(for example, treatment is effective)

high risk of admission to hospital. There were 204 (1.5%) patients on the list at the time of our inspection, which was lower than the expected 2%, 32 patients had declined to be included. A review of four records with one of the GP partners showed that three of the patients did not have a care plan in place. Following our inspection the practice sent us information to demonstrate that the number of patients on the register had increased to 234 (1.7%) and 194 (83%) of these patients had an active care plan in place. The practice had a register of 11 patients with palliative care needs. Monthly multidisciplinary meetings either formal or informal were held to discuss their care needs and update their plan of care. The practice had a positive working relationship with the health visiting team and child family services.

The practice maintained registers of all patients with a chronic disease such as asthma and chronic heart disease and patients with dementia. Following the last inspection the practice had put arrangements in place to ensure that the patients on these registers were closely monitored. The length of appointments for these patients were increased to also promote patient education and self-management. We saw that there were improvements in the management of patients with dementia. The practice had a register of 81 patients diagnosed with dementia. Formalised annual reviews were introduced. The QOF data for 2015/16 showed that the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months had increased from 73% to 85%. This was also slightly higher than the local CCG average of 83% and England average of 84%. The practice now used a recognised screening test to detect cognitive impairment (Cognitive impairment is a condition in which someone has problems with their mental abilities such as memory or thinking). The practice had also put an alert on the electronic records of patients with dementia. This was an improvement on the care and management identified in December 2014.

The practice had reviewed its system for managing referral letters following a patient's discharge from hospital or appointment. We found that there were 212 (1.6% of the practice population) letters on the electronic document system waiting to be actioned and the oldest letter was just over two weeks old. The GPs highlighted the clinical health terms that required coding and tasked this to the receptionists. The GPs also checked and tasked any medicine changes to the designated reception staff who

made any medicine changes which were then checked by the GP. We saw that the date stamp on some of the letters were incorrect. The practice policies for the management of medicine changes and managing discharge letters had not been updated to reflect the current procedures carried out. The practice could not demonstrate that a review of the system had been carried out to ensure that they could demonstrate that it was working effectively.

There were systems in place to ensure that the results of tests and investigations were reviewed and actioned by the GPs. Patient test results were entered on to the computer system and each clinician was responsible for reviewing those that they had requested with cover arrangements in place for when a GP was on leave. The GPs recorded the plan for follow up in the patient's records which was then tasked to individual receptionists to phone or write to the patient. The reception staff confirmed this and showed us a letter template on the electronic system which was used.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on weight management, smoking and alcohol cessation. The team provided patients with information on healthy living related to diet, lifestyle and exercise.

Patients had access to appropriate health assessments and checks. Following the inspection in December 2014 the practice now offered health checks patients aged 40 to 74 years. Health checks were also offered to new patients registering with the practice. The healthcare assistant was responsible for carrying out the health checks and 494

Are services effective?

(for example, treatment is effective)

(3.7% of the practice population) had been completed over the past 12 months. Any abnormalities or risk factors identified were referred to the GP or the advanced nurse practitioner to ensure that appropriate follow-ups were carried out.

The uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 82% which was higher than the local CCG average of 78% and the same as the England average. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of female patients screened for breast cancer was comparable to the local CCG and England average. The data for breast and bowel cancer screening showed that the number of patients screened was also comparable to the England averages.

Travel vaccinations and foreign travel advice was offered to patients. Childhood immunisations and influenza vaccinations were available in line with current national

guidance. Data collected by NHS England for 2014/15 showed that the performance for childhood immunisations was lower than the local CCG average for example, immunisation rates for:

- under two years of age ranged from 92% to 93%, (CCG average 95% to 97%),
- children aged two to five 89% to 94%, (CCG average 93% to 96%)
- children aged five year olds from 79% to 89%, (CCG average 89% to 94%)

The practice was aware of this and felt that some of the reasons were due to its changing transient population. The practice had a turnover of approximately 10% of its patients that moved areas annually. The practice worked with the health visitors and local child health services to follow up children who did not attend for their immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed that they could offer them a private room to discuss their needs.
- A notice in the waiting area asked patients to respect the privacy of other patients' when talking at the reception desk by standing a distance away if there was a queue.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The practice patient participation group (PPG) feedback was also in line with other comments received.

Results from the national GP patient survey published in July 2016 showed that the patient responses to their satisfaction with consultations with GPs were below average in most areas. The responses for nurses were similar to or higher than the average. For example:

- 75% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 93% and the national average of 95%

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 81% and the national average of 85%.
- 88% of patients said the nurse was good at listening to them compared to the local CCG average of 91% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared to the local CCG average of 96% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 88% national average of 91%).

The patient responses for satisfaction with the receptionists at the practice were lower than the local and national averages. The results showed that:

- 79% of the patients who responded said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

The practice had reviewed these results and carried out their own patients satisfaction survey which highlighted similar results. In response to the findings the practice had plans in place for staff to attend customer care training. We saw that reception staff had discreet prompt cards which acted as a reminder of how patients should be greeted and treated courteously. The practice had also discussed patients concerns about GP consultations. One of the possible reasons was identified as the limited time for consultations. The practice planned to employ another advanced nurse practitioner to help improve access to services.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

patient survey showed patients responded below average for both GPs and nurses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 71% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 68% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 81% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%).
- 81% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

The practice had completed its own annual patient survey in response to the national GP patient survey and had developed an action plan address to improve the patient experience. The practice had acknowledged its increasing number of patients from South East Asia, the Middle East and East Europe and the language and cultural problems this presented. The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language and the practice had access to interpreters when needed. The practice also

used the services of the migrant and refugee centre to understand patients' cultures in relation to health and provide support when discussing their health care needs. We saw notices in the reception areas informing patients this service was available. Information leaflets and notices were available in easy read format and in different languages. The 'Self-Check' service in the patient waiting could be translated into a number of languages.

Patient and carer support to cope emotionally with care and treatment

The practice had 659 patients over the age of 18 years on its practice carers register. This represented 5% of the practice population. There were notices and leaflets displayed in the waiting room and a carers pack that provided patients with appropriate information. The information available informed patients about the support and services provided both at the practice and in the local community. The practice offered carers longer appointments, health checks and the flu vaccination.

Patients felt positive about the care and support they received to cope with their bereavement. Staff told us that if families had suffered bereavement, they were contacted by their usual GP and provided with support when appropriate. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of bereavement and counselling support groups and organisations. Information about support groups was also available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG). The CCG was actively supporting the practice with various initiatives and to plan services and improve outcomes for its rapidly changing population profile. The practice required the support to ensure improvement to services were planned and delivered to take into account the diverse needs of different patient groups, flexibility, choice and continuity of care. For example:

- To help meet the needs of its high number of patients from South East Asia, the Middle East and East Europe communities the practice worked closely with the local migrant and refugee centre. The practice had attended the centre to talk about the health system.
- The practice provided access to counselling services for patients who experienced domestic abuse.
- The practice maintained a register of 184 patients who experienced poor mental health. These patients were offered continuity of care and weekly appointments with a counsellor at the practice.
- The practice had access to health visitors and community midwives who were available one morning and one afternoon per week to support the care of pregnant women, childhood development checks, immunisation and pre-school checks.
- The practice offered extended clinic appointments three days per week for working patients who could not attend during the normal opening hours. The practice also offered online access to making appointments and ordering repeat prescriptions.
- Patients were sent telephone texts to remind them about their appointment.
- Telephone consultations were available every day after morning and evening clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Facilities for patients with mobility difficulties included level access and adapted toilets for patients with a physical disability.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Access to the service

The opening times at the main practice and branches were displayed at the practice, available on the practice answerphone, practice leaflet and website. The main practice at Whitmore Reans Health Centre was open Monday to Friday 8.30am to 1.30pm, Monday 3pm to 7.30pm, Tuesday 3pm to 7pm and Wednesday to Friday from 3pm to 6.30pm. The branch at Pendeford Health Centre was open from 8.30am to 1pm Monday to Friday and 2pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice was closed on Thursday afternoon. The opening times at the Ednam Road branch were Monday, Tuesday, Thursday and Friday from 8.30am to 6.30pm and 8.30am to 7.30pm on Wednesday. This practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service by Vocare via the NHS service.

Patients commented in the comment cards we received that they could easily get an appointment but it was difficult to get through to the practice on the telephone to make an appointment. Patients also commented that they had to wait a long time to be seen at an appointment. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 71% of patients who responded were satisfied with the practice's opening hours compared to the local average of 79% and England average of 78%.
- 66% of patients who responded said they could get through easily to the surgery by phone (local average 70%, England average 73%).

The practice was aware of the comments related to the length of time patients waited to get an appointment and the time spent waiting to be seen at an appointment. The practice discussed these issues at practice meetings and with the patient participation group (PPG). The practice had also discussed patients concerns about GP consultations. One of the possible reasons was identified as the limited time for consultations. The lead nurse practitioner told us that these issues had been discussed with the lead GP partner and action taken to improve.

Are services responsive to people's needs?

(for example, to feedback?)

Longer appointments were implemented for patients with chronic conditions and additional staff which included an advanced nurse practitioner and a healthcare assistant had been employed. The additional staff would support the practice plans to increase the number of clinical appointments available.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Information on the practice website told patients to contact the practice before 10am to request a home appointment. The practice operated a telephone triage system and patients were contacted following the morning and evening clinics. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. The priority of the visit was based on the severity of their condition. The GP made a decision on the urgency of the patients' need for care and treatment and the most suitable place for this to be received. We found however that the home visits to be carried out for the branch practices were recorded but the visits were not consistently recorded and a list maintained at the main practice site.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Two of the practice managers were responsible for managing complaints at the practice. We saw that information was available to help patients understand the complaints system including leaflets available in the reception area. This information was also available in different languages to meet the needs of patients registered at the practice. The leaflets contained details on how to escalate a complaint if patients were not happy with the response they received. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Records we examined showed that the practice responded formally to both verbal and written complaints. We saw records for complaints received over the past 12 months and found that they had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. Records showed that complaints were discussed at practice meetings. The records identified that lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 4 December 2014, we rated the practice as requires improvement for providing well-led services. This was because the leadership structures at the practice were not clearly defined.

These arrangements had improved when we undertook a follow up inspection on 10 October 2016. However other issues identified at this inspection has meant that the provider is again rated as requires improvement.

Vision and strategy

The statement of purpose described the vision for the practice and these were shared and discussed at both staff and patient participation group (PPG) meetings. The practice vision focussed on delivering a caring, efficient and professional service to patients. The lead GP and staff we spoke with demonstrated the values of the practice and a commitment to improving the quality of the service for patients.

Governance arrangements

We saw that there was a transparent and open culture towards risk. Governance arrangements were mixed.

The practice had effective processes in place in a number of areas, for example:

- All staff were supported to address their professional development needs.
- The GPs, advanced nurse practitioners and practice nurses had various lead roles in areas such as diabetes, safeguarding and women's health.
- Processes were in place to protect against the risk from premises such as fire or infection. Staff met regularly and significant events and complaints were shared and discussed.

There were areas of governance that required strengthening, for example:

- The arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included for example, the absence of appropriate arrangements for the safe management of high risk medicines. The way medicines alerts were received and handled.

- Practice specific policies and procedures were in place to govern activity and these were available to all. We looked at some of these policies and found that they had been reviewed but not all updated to ensure they reflected the ongoing changes to procedures carried out at the practice. For example, the practice policies for the management of medicines and managing discharge letters had not been updated to reflect the current procedures carried out.
- The practice carried out internal audits, which were used to monitor quality and to make improvements. There was a long period between the first and second cycle of audits.

Leadership and culture

There was a clear leadership structure in place and staff felt supported by the management team. The staff we spoke with told us that they felt valued and well supported. The GP partners, practice manager and the deputy practice manager were visible at the practice and staff told us the management team were approachable and always took the time to listen to all members of staff. Staff told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that affected people received reasonable support, relevant information and a verbal and written apology.

The practice held regular meetings which included clinical meetings, individual staff team meetings and practice wide meetings. We saw that minutes of meetings were maintained.

Following the inspection in December 2014 the leadership structure in place had been defined. There were occasions during the inspection when the managers had difficulty in accessing information requested. For example, health and safety records that should be easily accessible. Staff members were able to confirm the roles and responsibilities of the GP partners, the practice managers and property manager.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was an established Patient Participation Group (PPG). Formal meetings were held at least every three months with the PPG and minutes were available to confirm this. The practice was aware of patient feedback and reviewed the results of the GP patient survey. The practice had addressed concerns raised by the patients and discussed these at PPG meetings. Suggestions for improvement were reviewed on an ongoing basis to ensure a suitable appointment system was in place to meet patients' needs. The practice also carried out its own surveys to monitor its services.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. The practice staff worked effectively as a team and their feedback was valued.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and the minutes of meetings showed that these were discussed

and learning shared with staff. There was a lack of written information to demonstrate that these were followed up to ensure that appropriate improvements had been made. The practice was involved in a number of local pilot initiatives, which supported improvement in patient care across Wolverhampton. For example, the practice was involved in an initiative to provide continuity of care to patients in local care homes. The GPs could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients.

The practice had identified some of the challenges that presented with meeting the needs of an increasing culturally diverse population. These challenges included high attendance at the accident and emergency department and language barriers. The practice had sought the support of the local CCG to ensure improvements and also worked closely with the local migrant and refugee centre to help meet the health care needs of these patients. The practice had reviewed the skill mix of staff it required to meet the needs of patients over the long term. Staff recently employed included an advanced nurse practitioner and a healthcare assistant. Further plans were to recruit another nurse practitioner to carry out home visits and manage the ongoing care of patients who were housebound and had a chronic disease.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: <ul style="list-style-type: none">• Appropriate arrangements were not in place for the proper and safe management of patients on high risk medicines.• The practice's medicine policies and procedures were out of date.• The provider did not operate an effective system to receive and take appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: <ul style="list-style-type: none">• Appropriate arrangements were not in place to monitor and improve the quality of the service.• The practice did not have effective systems in place for recording and managing risks in all areas.• Practice specific policies and procedures were not all updated.