

# Dr Joseph Fowler

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (The practice was rated good at our previous inspection 15 May 2015)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – 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

We carried out an announced comprehensive inspection at Dr Joseph Fowler on 22 November 2017. We carried out this inspection 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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a clear leadership structure and staff felt supported by management.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Introduce a consistent approach to the documentation of significant events so that the sequence of events, analysis, investigation, follow up and learning is clearly identified.
- Take a more active approach to identifying carers.

- Ensure that receptionists are aware of 'red flag' sepsis symptoms that might be reported by patients and how they should respond.
- Consider developing and implementing a children's and adult sepsis protocol for all staff to access.
- Review the systems in place for the assessment of patients with presumed sepsis to ensure that they are in line with NICE guidance.
- Continue to actively encourage patients to form a patient participation group PPG.

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

# Summary of findings

## Areas for improvement

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

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

- Ensure care and treatment is provided in a safe way to patients.

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

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

- Introduce a consistent approach to the documentation of significant events so that the sequence of events, analysis, investigation, follow up and learning is clearly identified.

- Take a more active approach to identifying carers.
- Ensure that receptionists are aware of 'red flag' sepsis symptoms that might be reported by patients and how they should respond.
- Consider developing and implementing a children's and adult sepsis protocol for all staff to access.
- Review the systems in place for the assessment of patients with presumed sepsis to ensure that they are in line with NICE guidance.
- Continue to actively encourage patients to form a patient participation group PPG.

# Dr Joseph Fowler

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Joseph Fowler

Dr. Joseph Fowler is registered with the Care Quality Commission as an individual GP provider. The practice is part of the NHS Wolverhampton Clinical Commissioning Group. The practice holds a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice operates from 470 Stafford Road, Wolverhampton, WV10 6AR. The practice provides a number of clinics such as long term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations and travel health as well as minor surgery. Patients have access to a psychologist for counselling and support each Thursday following a GP referral.

The total practice patient population is approximately 2,015. The practice is in an area considered as a third most deprived when compared nationally. People living in more

deprived areas tend to have greater need for health services. The practice has a higher proportion of patients aged 45 years and above (71.8%) than the expected England average (65.3%).

The clinical staff team currently comprises a male GP providing five full day practice sessions (10 sessions) and a nurse practitioner who works part time hours (three sessions). Clinical staff are supported by a practice manager and three reception staff, employed either full or part time hours.

Dr Joseph Fowler practice opening times are Monday to Friday (except Tuesdays), 9am to 12.30pm and 5pm to 6.30pm. Tuesday opening times are 9am to 12.30pm and 4pm to 6.30pm. A GP telephone advice service is available each day after the morning surgery normally between 12pm and 12.30pm.

The practice does not provide an out-of-hours service to its own patients but has two alternative arrangements for patients to be seen when the practice is closed:

- Patients are directed to a local provider, Wolverhampton Doctors on Call (WDOC) when the practice is closed during the day. WDOC provide a message handling (telephone answering) service between the hours of 8am and 8.30am, Monday to Friday and 12.30pm and 2.30pm Monday to Friday (except Wednesday). Cover is provided by WDOC from 12.30pm to 4.30pm on Wednesday.
- At all other times 6.30pm to 8am patients are advised to call the NHS 111 telephone service where telephone calls are directed to Vocare, the out of hours service.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies and procedures had been reviewed with input from the local safeguarding team. The policy was accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice followed up children who did not attend immunisation appointments. However children who did not attend hospital appointments were not routinely followed up. The GP and nurse practitioner had recently updated the practice policy for managing babies and children following a hospital event. This supported the practice to ensure all children were appropriately followed up and monitored in line with safeguarding policies and national guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out (DBS
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The local IPC team had carried out an audit in May 2017. The outcome of the audit had been communicated widely throughout the practice team. The nurse practitioner with the GP had developed an action plan to address issues identified.
- The practice ensured that its facilities and equipment were safe. Equipment was maintained according to manufacturers' instructions and electrical and clinical equipment was checked to ensure the equipment was safe to use and working properly.

- There were systems for safely managing healthcare waste.
- The practice conducted safety risk assessments. Safety policies had been implemented and were regularly reviewed and communicated to staff. These included legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments and fire drills were carried out.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw that the GP and the nurse practitioner were aware of the correspondence from NHS England alerting all practices about a child that died from sepsis. The nurse practitioner had completed training as part of their ongoing professional development. However there was a lack of information to demonstrate any other action taken. There was no evidence to confirm that systems in place for the assessment of patients with presumed sepsis had been reviewed and were in line with NICE guidance.
- Receptionists had access to 'red flag' alerts but this had not been reviewed to ensure that staff would be aware of 'red flag' sepsis symptoms that might be reported by patients and how they should respond.
- At our previous inspection in May 2015 we saw that the practice had arrangements in place to manage emergencies, with the exception of medicines to manage low blood sugar and seizures. At this inspection the practice had added medicines to manage low blood sugar and seizures to their supply of emergency medicines.
- We also found at the previous inspection that staff had access to equipment which included oxygen but an automated external defibrillator (used to attempt to

# Are services safe?

restart a person's heart in an emergency) was not available. At this inspection an external defibrillator was available and all staff were aware of where emergency equipment was located.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

We found that the practice staff had the information they needed to deliver safe care and treatment to patients but effective systems were not in place to ensure this information was continuously shared with other agencies. The GP took immediate action to address this at the time of the inspection.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We saw that the practice had some active systems in place for sharing information with staff and other agencies. However effective systems for sharing information with the out of hours were not in place. The practice did not have access to share information directly with the out of hours service. The GP addressed this at the time of the inspection with the local CCG. Following the inspection we received information to confirm that this was now in place and working.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

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

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal).
- Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. We found that most high risk medicines were appropriately monitored. However, there was one high risk medicine that was not effectively monitored. We identified 19 patients taking medicines to treat high blood pressure and/or heart failure who had no recorded blood test results for periods varying between two and seven years. These tests may have been done

by the hospital but the outcome not downloaded or recorded on the practice patient electronic system. This was discussed with the GP and arrangements made to ensure these patients received an appointment for a review. The practice ensured that the hospital results portal was accessible so that patient blood tests results could be easily obtained and updated patients records with results available.

- Systems were in place to monitor the use of blank prescription stationery. The practice kept blank prescription pads secure. We found that the practice could not confirm that the computer prescription forms were appropriately secured during the evening and at night when the practice was closed.
- There was evidence of actions taken to support good antimicrobial stewardship. The practice had audited antimicrobial prescribing with the support of the local CCG pharmacy team.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt supported by the management team to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice could evidence a safe track record over time. We reviewed records of events that had occurred during the last 12 months. The records showed that significant events had been shared at practice meetings and also with individual staff and other agencies where appropriate. The practice used a software system to record incidents and staff demonstrated that they could all access this system.

## Are services safe?

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The GP was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on.
- An example included the follow up of a patient who was not correctly diagnosed by an external agency following tests. This incident was followed up by the practice and other stakeholders involved. This ensured action was taken immediately and the patient was appropriately referred for treatment. The learning from this incident was shared with all staff.

At the inspection in May 2015 we found that when significant events had been reviewed there was no documented evidence of an in-depth analysis of the events and there was minimal documentation on what could be done to prevent them from occurring again. At this inspection we saw that the documentation had improved and contained more detailed information. There were some gaps however to ensure a clear sequence of events and follow up was included and although a formal reporting form had been introduced this was not consistently used.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### 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' 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.
- Give any examples of how the practice used technology and/or equipment to improve treatment and to support patients' independence.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and support such as end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

#### 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, and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.
- The practice held a patient register of 132 patients with diabetes. The practice performance in two of three diabetes related indicators was lower than the local CCG and England averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was recorded as 62% compared with the CCG average of 78% and England average of 80%. The practice exception reporting rate of 10% was lower than the local average of 12% and the England average of 13%.
- The practice was aware of areas which required improvement within QOF (or other national) clinical targets. The nurse practitioner had the lead role in chronic disease management and was aware of these results. The local CCG benchmarked the practice against other practices in the locality. Areas identified as requiring improvement had also been discussed at local peer group meetings and an action plan developed to identify and support improvements. One action was to invite patients with diabetes for an annual health check and a review at which all checks required would be carried out. This would prevent the patient having to make multiple visits to the practice. The practice also took the opportunity to undertake opportunistic testing when patients presented at the practice with other needs.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was

# Are services effective?

## (for example, treatment is effective)

above average for children's immunisations where comparative data was available. For example: Childhood immunisation rates for the vaccinations given to children under the age of two ranged from 100% to 93% and five year olds from 100% to 94%. These were above CCG and National averages.

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

- The practice's uptake for cervical screening was 87%, which was in line with the 81% coverage target for the national screening programme.
- 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 and those with a learning disability. There were eight patients on the practice learning disability register and all had a care plan in place and had their care needs reviewed.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG and national averages 92%).

### Monitoring care and treatment

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 most recent published Quality Outcome Framework (QOF) results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 6.2% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

We saw that the exception rates for clinical domains were comparable or lower than the CCG and national average. We reviewed the records of a number of patients who had been exception reported during 2016/2017. We saw that the reason for exception reporting had been clearly recorded and in each case the exception reporting was appropriate.

The practice had undertaken five clinical audits some of which were linked to National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice also monitored the quality of their antibiotic prescribing. One audit looked at the practice medicine prescribing management of patients experiencing alcohol use disorders and whether this was in line with local and national guidance. The audit identified a number of patients who were not prescribed the recommended vitamin treatment. Following a review patients' treatment were changed and records showed that ongoing reviews had been carried out to ensure the change was appropriate. The practice repeated the audit five months later to ensure new patients had been prescribed the recommended treatment. The audit also identified patients who no longer required treatment.

The practice had engaged in local initiatives, which included. The Clinical Commissioning Group had introduced these to all the practices.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, 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
- The GP ensured the competence of the nurse practitioner employed to undertake advanced roles by appraisals, supervision and audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice 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 GP and nurse practitioner met every three months with the community nurses to discuss patients identified with palliative care needs and those identified as frail or vulnerable.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- It was practice policy to offer a health check to all new patients registering with the practice and any health concerns detected were followed up in a timely way.
- Data from Public Health England showed that 29% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathway. This was lower than the CCG average of 42% and the national average of 50%. The practice was aware of this referral rate stressed the importance of patients attending appointments. Patients were also encouraged to attend national screening programmes for bowel cancer and breast cancer screening.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. The nurse practitioner told us about the services in the local community that they signposted patients to.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the practice NHS Friends and Family Test results completed between February 2016 and October 2017 and the outcome of a patient survey carried out by the practice in 2017.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 284 surveys were sent out and 109 were returned. This represented about 5% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared with the CCG average of 84% and the national average of 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 83% and the national average of 86%.
- 94% of patients who responded said the nurse was good at listening to them compared with the CCG and national averages of 91%.

- 93% of patients who responded said the nurse gave them enough time compared with the CCG average of 91% and national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and national average of 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% and national average of 87%.

### Involvement in decisions about care and treatment

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

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

The practice held a register of 18 patients who were carers (0.9% of the practice list). Practice staff had identified that they needed to be more proactive about asking patients about caring responsibilities to ensure they identified changing circumstances.

- Patients were asked at registration if they had any caring responsibilities and the computer system alerted staff if a patient also had caring responsibilities. Notices in the patient waiting room and on the practice website signposted patients and their carers to support services available to them. For example, there was a poster in the waiting room which made carers aware of a planned community led 'Carers Rights Day' due to be held in November 2017. Carers were invited to attend a drop in event to find out about the support and information available to them and the person they cared for. Staff helped patients and their carers access community and advocacy services.

## Are services caring?

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all 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. For example, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice signposted patients to voluntary and other community health services appropriate to support their health and social care needs.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone consultations and home visits were offered where appropriate. Level access to the practice was available for patients with mobility problems.

#### Older people:

- The practice was responsive to the needs of older patients and was aware of its increasing older population.
- The practice offered urgent appointments for those with enhanced needs and on the day appointments and or telephone consultations where appropriate. The GP accommodated home visits for those who had difficulties getting to the practice.
- The practice liaised with a social agency to provide extra support for older people. For example, social prescribing, (enables primary care services to refer patients with, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector),
- Patients aged over 75 years had routine annual reviews carried out. The practice held a list of 42 patients aged over 75 years and all had received a health check.
- The practice worked closely with families who were carers for their elders.

- The practice ensured that older patients had ease of access to obtain their prescribed medication. For example electronic prescribing and signposting to a home delivery service if available at their chosen pharmacist.

#### 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.
- Patients with long-term conditions had access to phlebotomy services at the surgery.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nurses, matron and palliative care team to discuss and manage the needs of patients with complex medical conditions.
- All patients with long-term conditions had individual care plans in place.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Families, children and young people:

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, a register for children and young people with safeguarding concerns was maintained, and had alerts on their care records. Records we looked at showed that health reviews were up to date and evidence of multidisciplinary care reviews and communication with schools for example was available.
- A weekly midwife led antenatal clinic was held at the practice.
- The nurse practitioner held a sexual health screening programme, which could also be accessed by young people.

#### 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



# Are services responsive to people's needs?

## (for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and a flexible range of appointments throughout the day if urgent.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice worked closely with and signposted vulnerable patients to community social agencies and community health professionals.
- Social prescribing reviews were offered to vulnerable patients. These reviews were carried out in the patients home or at 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.
- All 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 nurse practitioner.

### Timely access to the service

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

- Patients had timely access to an initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and

national averages. 284 surveys were sent out and 109 were returned. This represented about 5% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 98% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 71%.
- 96% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 80% and the national average of 84%.
- 98% of patients who responded said their last appointment was convenient compared to the CCG average of 77% and the national average of 81%.
- 96% of patients who responded described their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.
- 78% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 57% and national average of 58%.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. The guidance available ensured staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The practice had not received any formal written complaints in the last year. Staff told us that verbal concerns received were documented and reported to the GP. Staff advised that most concerns raised verbally were resolved immediately.
- The practice learned lessons from individual concerns and it acted where appropriate to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

**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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities related to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued and were proud to work at the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients received apologies

where appropriate and a clear explanation about what had occurred. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. The nurse practitioner and GP ensured they had protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they and patients were treated equally.
- It was evident that there were positive relationships between all the staff working at the practice.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

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



# Are services well-led?

Good 

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

- 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. Performance of the GP and nurse practitioner could be demonstrated through audit of their consultations, prescribing and referral decisions. The GP had oversight of MHRA 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. During training and drills simulation exercises were carried out.
- The practice implemented service developments and encouraged involvement from all staff.

## 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 where all staff had sufficient access to information.
- 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.
- Arrangements in place were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Records we looked at showed that these arrangements were regularly audited.

## 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 help shape services and the culture of the practice.
- The practice did not have a patient participation group (PPG) and the practice reported very little interest from patients. However the practice was actively encouraging patients to form a group through surveys and posters advertising the purpose and qualities of a practice PPG.
- The friends and family test (FFT) was regularly monitored. The practice used feedback from the FFT, the national patient survey and the practice survey to support improvements at the practice.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had developed an action plan detailing its improvements plans for 2018. These included identifying topics for the professional development of the GP and nurse practitioner. For example clinical supervision and teaching in pathology interpretation.
- Practice meetings currently took place once or twice a year. Staff told us that informal meetings were also held but these were not minuted. The improvement plan included details on increasing all staff practice meetings to at least monthly.
- Other improvements planned to take place included increasing the number of appointments available to patients to support improving the practice performance of the management of patients with long term conditions, particularly patients with diabetes.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	<b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b>
Maternity and midwifery services	<b>The registered persons had not ensured there was proper and safe management of medicines. In particular:</b>
Surgical procedures	<ul style="list-style-type: none"><li>• The results of all blood tests were not routinely obtained before giving patients' a repeat prescription for high risk medicines.</li><li>• Blank prescription forms used in printers were not securely stored throughout the practice.</li></ul>
Treatment of disease, disorder or injury	<b>This was in breach of Regulation 12(1)</b>