Dr's P L & S Kaul and Dr G K Gill

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr's P L & S Kaul and Dr G K Gill on 5 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. Patients received truthful information; apologies and appropriate support were required.
- Risks to patients were generally assessed and well managed; however, some risks were not effectively managed. For example, non-clinical staff did not have a Disclosure and Barring Service check in place or a formal risk assessment completed to demonstrate the decisions not to carry out a DBS. However, staff we spoke with informed us they had considered the role of the non-clinical staff in making this decision as they did not act as a chaperone to patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low in some areas compared to the national average; for example, diabetes related clinical indicators. Audits had been carried out, and were driving improvements in patient outcomes and there was a formal plan which identified target areas for improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained in most areas to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, we saw gaps in the completion of some training.
- Data from the July 2016 national GP patient survey showed patients rated the practice below others for several aspects of care. Patients we spoke with during the inspection provided mixed views on how they rated the practice. Some patients felt that they were

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treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However, others did not always feel listened to or involved in their care and treatment.

- 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. The provider was aware of and complied with the requirements of the duty of candour.
- Although urgent appointments were available the same day, some patients we spoke with during the inspection found it difficult to secure an appointment with a named GP. However, results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was comparable to local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was evidence of where the practice had responded to the needs of the local population. For example, the practice operated a food bank and there were agreements in place for a local charity to access this provision.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of processes and systems in place to govern activity; however processes were not always effective. For example, recruitment checks; some risks associated with health and safety; and arrangements to respond to a clinical or medical emergency were not being managed or monitored effectively.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice developed actions to address areas of the July 2016 national GP patient survey where satisfaction scores were below average.

The areas where the provider should improvement are:

- Ensure that effective systems are established to ensure staff receive appropriate training to enable them to carry out their role effectively.
- Review the frequency of cleaning/replacing curtains to prevent the spread of infections.
- Continue to review national GP patient survey results and explore effective ways to improve patient satisfaction.
- Review the areas of lower clinical performance with a view to improving patient care and outcomes.

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?

Good

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to monitor and maintain clinical effectiveness.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Although staff we spoke with were able to describe how they would respond to concerns we saw that non clinical staff had not received training on safeguarding vulnerable adults'.
- Risks to patients were assessed and well managed in most areas with the exception of completion of appropriate checks through the Disclosure and Barring Service. Following the inspection the practice provided evidence of a risk assessment carried out for non-clinical staff who were awaiting DBS checks. We also saw that Control of Substances Hazardous to Health (COSHH) risk assessment had not been thoroughly completed.

Are services effective?

Requires improvement

- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were some gaps in training; for example, some staff had not completed adult safeguarding or infection prevention and control training.
- There was evidence of appraisals and personal development plans for all staff.
- Data from the Quality and Outcomes Framework (QOF) showed outcomes were low in some areas compared to local and national averages. For example, performance for diabetes and Chronic Obstructive Pulmonary Disease (COPD) were below average. However, the practice had developed an action plan to target specific QOF performance.

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- Although there was some evidence that following the completion of audits improvements to patient outcomes had been achieved; there were areas where the practive were unable to demonstrate that improvements had been established.
- Practice meetings and nursing team meetings took place; however, as these were generally informal minutes for these meetings were limited. Staff explained that the practice had recently introduced a more formal internal meeting structure in order to maintain an audit trail and improve communication.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, the practice held formal multi-disciplinary meetings such as palliative care meetings to review and plan patients care.

Are services caring?

Good

- Information for patients about the services available was easy to understand and accessible. The practice had processes in place to ensure families were aware of support services available to them during times of bereavement.
- During the inspection we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the July 2016 national GP patient survey showed patients rated the practice slightly below others for several aspects of care. The practice were aware of the results; carried out internal surveys and targeted areas which were below local and national averages. Patients we spoke with during the inspection told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- The practice was aware of the GP survey results and carried out internal surveys to assess patient satisfaction. There were arrangements in place to target areas which were below local and national averages such as improving communication and patients' involvement in their care and treatment.

Are services responsive to people's needs?

Good

- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent

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appointments available the same day. Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages although for other aspects it was rated below.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked with other health care providers such as district nurses to respond to and meet the needs of the practice patient population groups. The practice provided examples of how they responded to patients needs for example; the practice operated a food bank.
- Information about how to complain was available and easy to understand; evidence showed the practice responded quickly to issues raised. The practice discussed complaints, provided patients with an apology, identified learning points and took actions to remedy the concerns.

Are services well-led?

Good

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with on the day were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; and the practice responded promptly when procedures had not been followed in line with practice policy.
- There was an overarching governance framework which included arrangements to monitor improve quality of care; however this was not consistently managed. For example, the practice proactively sought feedback from staff and patients, which it acted on and the patient participation group was active. However, clinical audits did not consistently demonstrate quality improvements.
- Risk were well managed in most areas; however, risks such as control of substances hazardous to health, the management of risks in the absence of a DBS and arrangements for the storage of emergency medicines and equipment were not effectively managed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.Systems were in place for notifiable safety incidents and information was shared with staff to

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ensure appropriate action was taken.There was a focus on continuous learning and improvement at all levels and the practice demonstrated where actions had been taken to remedy concerns.

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

Good

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively worked with the wider healthcare team such as district nurses and community matrons. The local fire service attend the practice during flu campaigns to discuss and arrange home safety checks for elderly patients.
- The practice provided a variety of health promotion advice and literature which signposted patients to local community groups and charities such as Age UK. Data provided by the practice showed that 89% of patients aged over 75 had received a health check in the last three years.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

Good

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified.
- Performance for diabetes related indicators was below the national average. For example, 81% of patients with diabetes, on the register, with a diagnosis of kidney disease or abnormal urine reading were treated with appropriate medicine compared to the CCG average of 96% and national average of 93%. Staff were aware of the practice performance and explained that they were proactively contacting patients and booking them in with the diabetic nurse who attended the practice.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.

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- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using recognised methods was 70%, compared to CCG average of 92% and national average of 90%.
- The practice actively referred patients to services such as pulmonary rehabilitation (a programme of exercise and education for people with long-term lung conditions), cardiac rehabilitation (a programme of exercise and information to help patients return to physical activities after a heart attack) and DESMOND (a diabetes education and self-management programme).

Families, children and young people

Good

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for most standard childhood immunisations. Any missed appointments for immunisations or eight week baby checks were followed up and referrals were made to the health visiting team if three appointments were missed.
- The practice was accessible for pushchairs, there were baby changing facilities and the practice was breast-feeding friendly.Appointments were available outside of school hours and the premises were suitable for children and babies. The practice held a weekly midwife clinic.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals. The practice offered sexual health advice and emergency contraception.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to CCG average of 81% and the national average of 82%.
- Staff we spoke with demonstrated positive examples of joint working with midwives and health visitors. The percentage of patients aged eight or over where a diagnoses of asthma has been confirmed after initially presenting with symptoms (on or after 1 April 2006), was 95% compared to CCG average of 90% and national average of 89%.

Summary of findings

Working age people (including those recently retired and students)

Good

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, there were extended opening available early morning and late evenings. Blood specimen collection times from the pathology department were increased to provide flexibility with appointments for blood tests.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- For accessibility, telephone consultation appointments were available with the GPs.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as to a yellow fever centre.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the national GP patient survey indicated that the practice was rated above local and national average regarding phone access and opening times.

People whose circumstances may make them vulnerable

Good

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. There was a designated lead for learning disabilities. Data provided by the practice showed that 55% of patients had a care plan in place, 73% received a medicine review and 82% had a face-to-face review in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients affected by substance misuse allowing them to obtain their medicine at the surgery. The practice also operated a zero tolerance clinic for patients who had been excluded from their GP practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as citizen advice and the practice operated an in-house food bank.

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- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff was aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 1.4% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

Good

- The practice carried out advance care planning for patients with dementia. QOF data showed that 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the local and national average, with a 0% exception reporting rate.
- QOF data showed that 78% of patients with a mental health related illness had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 88%. The exception reporting was 5% which was the same as the CCG (5%) and below the national exception reporting (13%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. There was a designated lead for dementia who carried out nationally recognised memory tests, staff explained that where concerns were identified then patients were invited to attend further tests and referred to the memory clinic.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The lead GP was part of Walsall CCG mental health steering group where an active role had been taken to develop mental health pathways.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice performance was comparable to local and national averages in most areas. 359 survey forms were distributed and 102 were returned. This represented 28% completion rate.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were positive about the standard of care received. Comments referred to staff as caring, helpful, polite and respectful. Patients said they felt at ease during consultations.

We spoke with 10 patients during the inspection; there were mixed views regarding patient's satisfaction with the care they received. For example; patients and one member of the practice's patient participation group (PPG) we spoke with thought staff were approachable, committed and caring. However, some patients explained that appointment waiting times were long and although same day appointments were available patients were not always able to get an appointment in advance.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that effective systems are established to ensure staff receive appropriate training to enable them to carry out their role effectively.
- Review the frequency of cleaning/replacing curtains to prevent the spread of infections.
- Continue to review national GP patient survey results and explore effective ways to improve patient satisfaction.
- Review the areas of lower clinical performance with a view to improving patient care and outcomes.

Dr's P L & S Kaul and Dr G K Gill

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, a second inspector and an Expert by Experience.

Background to Dr's P L & S Kaul and Dr G K Gill

Dr's P L & S Kaul and Dr G K Gill Surgery also known as Harden Health Centre or Leamore Medical Centre is located in Walsall, West Midlands. The practice is situated in a multipurpose modern built NHS building, providing NHS services to the local community. Dr's P L & S Kaul and Dr G K Gill operate two practices both managed under separate General Medical Services (GMS) contracts with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr's P L & S Kaul and Dr G K Gill Surgery are below the national average, ranked at one out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds. The practice serves a higher than average patient population aged between zero to 34 and 40 to 54. The practice also has a below average number of patients aged 55 to 85 and over.

The registered patient list size is approximately 3,050. The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is situated on the ground floor of a multipurpose building with two other practices. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of three GP partners (two male & one female), one salaried GP, one independent nurse prescriber, one practice nurse, one practice manager, and a team of secretaries and receptionists. Practice staff work across both sites.

The practice is open between 8.30am and 7.30pm on Mondays, 8.30am and 6.30pm Tuesdays, Thursdays and Fridays. Wednesday opening times are between 8.30am and 1pm.

GP consulting hours are from 9.30am to 11.30am and 4pm to 6pm Mondays; 8.40am to 10.30am and 5pm to 7pm Tuesdays; 8.40am to 10.30am and 4pm to 6pm Wednesdays; 9.30am to 11.30am Thursdays; 9.30am to 11.30am and 3pm to 4pm Fridays. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. When the practice is closed during core hours services are provided by WALDOC (Walsall doctors on call).

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 December 2016.

During our visit we:

- Spoke with a range of staff such as GPs, members of the nursing team, pharmacist; members of the administration team. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff we spoke with demonstrated a commitment to reporting incidents and told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system to support this process.
- 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).
- The quality of completed incident report forms and learning outcomes provided by the practice demonstrated a whole team approach to improving safety. We saw that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a designated clinical lead responsible for reviewing and monitoring incidents and significant events to ensure they were acted on as appropriate. The practice operated an effective system for tracking, recording and monitoring actions required or taken as a result of incidents. Learning was based on a thorough analysis and investigation which were routinely shared internally through clinical meetings and where appropriate more widely with NHS England. Staff we spoke with were able to provide examples of incidents that had been discussed and acted on. For example, the practice implemented a process which required the deputy safeguarding lead to oversee all referrals.

The practice manager disseminated safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff explained that alerts were discussed in meetings and the Clinical Commissioning Group (CCG) medicines management team supported the practice. We saw evidence that appropriate actions were taken to improve safety in the practice. For example, we saw that appropriate searches had been carried out to identify patients in receipt of a specific medicine. As a result of the search, we saw that identified patients were contacted and appropriate actions taken to maintain patient safety. We also saw that the practice appropriately responded to a medical device alert. For example, staff we spoke with explained that they had contacted the manufacturer of the defibrillator who carried out the required safety checks.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 and deputy lead member of staff for safeguarding and all staff we spoke with were aware of this. The GPs attended safeguarding meetings when possible; we saw evidence to confirm this. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. GPs and members of the nursing team had received training on vulnerable adults relevant to their role; however non clinical staff had not received the training. GPs were trained to child safeguarding level three. Nurses had received level three safeguarding training for children and vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training with the exception of GPs.

Good

Are services safe?

- Annual infection control audits were undertaken by an external infection control specialist. An audit carried out within the last 12 months showed that the practice had scored 88% and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice scored 73% for environment; as a result we saw that the practice had a rolling contract for regular decontamination of clinical curtains and the furniture in patient areas such as chairs and couches.
- The recording and monitoring of vaccination fridge temperatures we viewed demonstrated that these were in line with Public Health England guidance. Processes were in place to maintain the cold chain when medicines were transferred to other locations.
- The arrangements for managing medicines including vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription stationery including blank prescription forms and pads were securely stored and there were well established and effective systems in place to monitor their use.
- The practice received eight hours per week of support from the local CCG pharmacy team who carried out regular medicines audits. The aim was to monitor efficiency and ensured prescribing were in line with best practice guidelines for safe prescribing. The practice participated in the CCG led prescribing improvement scheme for medicines optimisation (a scheme aimed at encourage and reward GP practices to improve prescribing to further enhance its quality, effectiveness and safety) and there was evidence of where the practice achieved set prescribing targets. Members of the pharmacy team we spoke with demonstrated positive examples of where they had worked collaboratively with the practice to explore alternative and safer prescribing options. For example; the practice reviewed patients in receipt of antibiotics to reduce unnecessary prescribing and explore alternative options. We were told that the CCG pharmacist discussed with the GPs alternative prescribing options. Data provided by the practice showed a reduction in antibiotic prescribing.
- One of the nurses had qualified as an Independent Prescriber and therefore prescribed medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions we viewed had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that overall appropriate recruitment checks were undertaken prior to employment. For example, we saw evidence of references, qualifications and registration with the appropriate professional body. However, there was no proof of identification located in the staff files we checked. Non-clinical staff did not have a Disclosure and Barring Service check in place or a formal risk assessment completed to demonstrate the decisions not to carry out a DBS. However staff we spoke with informed us they had considered the role of the non-clinical staff in making this decision as they did not act as a chaperone to patients. Following the inspection we were provided with evidence of a risk assessment on non-clinical staff who were awaiting their DBS clearance.

Monitoring risks to patients

Risks to patients were mostly assessed and 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 office which identified local health and safety representatives. The practice had an up to date fire risk assessment, records showed that regular fire equipment checks were carried out and twice yearly fire drills took place.
- Electrical equipment was checked by a professional contractor to ensure they were safe to use and clinical equipment was checked to ensure they were working properly. We saw that labels were attached to electrical equipment which demonstrated that they had been checked within the last 12 months.
- Risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) were not thoroughly completed. For example, COSHH data sheets did not demonstrate where risks had been identified to ensure those who use cleaning agents in the workplace do so safely with risk of harm to users or the environment.

Good

Are services safe?

- Infection control policies and risk assessments were in place, staff provided evidence of that an external contractor had carried out water temperature tests in line with legionella requirements (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had systems in place to monitor staffing levels and holidays were coordinated to ensure sufficient cover were in place. Reception staff were multi skilled therefore able to cover a wide variety of administration duties.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff received annual basic life support training and non-clinical staff received training on a three year cycle. There were emergency medicines available in the treatment rooms and the practice carried out risk assessments in the absence of emergency medicine which they had decided not to stock.
- The practice had a defibrillator available on the premises and oxygen with adult and children's pads. The defibrillator was shared with other practices located in the building; staff we spoke with explained that it had been agreed between the practices to locate the defibrillator in a shared location which was easily accessible to all. Oxygen was stored in the practice manger's office; staff we spoke with were aware of how to access in the event of an emergency. A first aid kit and accident book were available.
- Emergency medicines were 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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.

- The practice worked closely with the CCG pharmacy team who supported the practice to deliver care within relevant guidelines through ongoing audits. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had systems in place to keep all clinical staff up to date with evidence based and nationally recognised guidelines through regular informal discussions. Staff also explained that regular internal clinical meetings were held to enable the clinical staff to discuss and share best practice and some of the more complex cases they had seen. However, meetings were generally informal therefore evidence of minutes were limited. We were told that a more formal structure had recently been introduced.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with demonstrated on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes. Staff also explained that they engaged with the wider nursing network and attended updates such as dementia care and cervical screening.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). During 2015/16 QOF year the practice achieved 90% of the total number of points available this was comparable to the national average of 95%. The practice exception reporting for clinical domains (combined overall total) was below the CCG and national average (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). For example, the practice exception reporting rate was 3% compared to CCG average of 8% and national average of 10%.

This practice showed variations in their achievement of QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was below to the national average. For example, 81% of patients with diabetes, on the register, with a diagnosis of kidney disease or abnormal urine reading were treated with appropriate medicine compared to CCG average of 96% and national average of 93%.
- 83% of patients newly diagnosed with diabetes, on the register, in the preceding 12 months (1 April 2015 to 31 March 2016) had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register, compared to the CCG average of 94% and national averages of 92%. The practice exception reporting rate was 25%, compared to CCG average of 18% and national average of 23%.
- Overall performance for mental health related indicators was below the CCG and national average. For example, 83% compared to CCG average of 95% and national average of 93%.
- 78% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 88%. The practice exception reporting was 5% compred to the CCG average of 5% and the national average of 13%.

The practice were aware of areas where they were performing below local and national averages and had developed a plan to specifically target lower performing QOF domains. For example, staff we spoke with explained that the practice had increased the number of diabetic nurse clinics from once a month to twice a month.

Clinical staff monitored QOF domains and prior to each clinic GPs and members of the nursing team checked for patients who had not attended a review and followed up

Requires improvement

Are services effective?

(for example, treatment is effective)

frequent hospital attenders due to poor diabetic management. Identified patients were contacted and booked in with the diabetic nurse. Patients who were overdue QOF related reviews were contacted and those who failed to attend were appropriately followed up. The practice's approach was to send three letters of invitation for a review to patients and operated a call and recall system. Positive patient feedback letters received by the practice demonstrated the effectiveness of this approach.

Staff we spoke with explained that the main challenges they faced were high level of deprivation and low engagement of patients diagnosed with multiple conditions. To address this we were told that the practice were providing a foodbank to encourage healthy eating, contacting patients prior to appointments to encourage attendance and there were plans to carry out an audit to check compliance with medicines used to help lower cholesterol levels.

There was some evidence of quality improvement including clinical audit.

- We saw evidence of two clinical audits completed in the last two years; both of these were completed audits where actions taken were implemented and monitored. We saw that one of the audits demonstrated quality improvements; however the other audit was a single cycle therefore evidence of improvements had not been established.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, action was taken as a result of an audit carried out on patients in receipt of a specific medicine for treatment of their mental health condition. This included the introduction of a did not attend (DNA) policy as the practice identified that this patient group had a high DNA rate for routine appointments. Staff also explained that they were working closely with secondary care to increase patient engagement. Alerts were placed on the system which notified staff when specific reviews were overdue. We were also told that the practice were opportunistically carrying out reviews during routine appointments.
- The practice GPs and nursing team had special clinical interests which included: long term conditions, palliative care, dementia and management of patients in receipt of opiate addiction therapy.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were some gaps in training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing 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. Staff we spoke with were able to demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nursing forums'.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training; however there were gaps in the completion of some training. For example, GPs had not completed fire or infection prevention and control training and some non-clinical staff had not completed adult safeguarding training.

Coordinating patient care and information sharing

Requires improvement

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. As the practicewas based in a health centre with other health care professionals staff we spoke with explained that they were regularly communicating with health visitors and district nurses. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw comprehensive minutes of palliative care multi-disciplinary team meetings for patients with end of life care needs.

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. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- 84% of patients with rheumatoid arthritis, on the register, who have had a face-to-face annual review in the preceding 12 months compared to CCG average of 93% and national average of 90%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using recognised methods was 70%, compared to CCG average of 92% and national average of 90%.
- Staff we spoke with explained that the practice had close contact with COPD nurses and utilised this in an attempt to improve performance. We were told that the COPD nurse would visit patients within their homes. The CCG medicines management team also supported the practice through monitoring prescribing and encouraged patients to attend review appointments'.
- There were dedicated leads for diabetes, dementia, sexual health, Chronic Obstructive Pulmonary Disease (COPD), bowel cancer and patients with learning disability.
- The dementia lead attended a dementia update, following this we were told that nurse's knowledge and care planning had improved. GPs referred patients to the practice nurse who carried out a memory tests. Staff explained that where concerns were identified patients were invited to attend further tests and referred to the memory clinic. There were information in the reception area which signposted patients to local groups such as Dementia café. Data provided by the practice showed that 100% of patients diagnosed with dementia had a care plan in place, had a medicine and a face-to-face review in the past 12 months.
- The practice provided access to services such as family planning, health promotion, healthy lifestyle and coronary heart disease clinics. They made use of health trainers, smoking cessation, weight management services and offered a foodbank service.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using

Requires improvement

Are services effective?

(for example, treatment is effective)

recommended therapy was 84%, compared to CCG average of 98% and national average of 97%. Most recent data provided by the practice showed that performance had slightly increased to 86%.

- The practice offered patients the option to access a 13 week fitness programme provided by an external fitness provider. Staff explained following completion patients were able to continue with the programme for a reduced fee.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.

Data provided by the practice's showed that uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged patients to attend national screening programmes for bowel and breast cancer screening by using information in different languages and for those with a learning disability. The practice ensured a female sample taker was available. Data showed variation in how the practice were performing compared to local and national average in some areas. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 63% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 63% compared to CCG average of 67% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 31%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 29%, compared to CCG average of 73% and national average of 74%.

Staff we spoke with explained that the practice were aware of the national screening performance and were proactive in promoting this service. For example, posters were in the reception area, letters were sent and staff opportunistically discussed the benefits of carrying out the screening. Although staff explained that a majority of patients they spoke with were very reluctant to take bowel screening tests we were provided with examples where discussions have influenced patients to take the tests.

Childhood immunisation rates for the vaccinations given were above CCG and national averages in most areas. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100%, compared to CCG average of between 74% to 99% and national averages of between 73% to 95%. Immunisation rates for vaccinations given to five year olds ranged from 82% to 100%, compared to CCG averages of between 75% to 99% and national averages of between 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 they could offer them a private room to discuss their needs.

All of the 37 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. Several comments related to positive care received from the clinical team.

We spoke with 10 patients during the inspection including one member of the practice's patient participation group (PPG). Patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards we received highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients rated the practice below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

The practice were aware of the GP survey data, the practice carried out internal surveys to assess patient satisfaction and there were arrangements in place to target areas which were below local and national averages. Staff we spoke with explained that the practice had carried out a review of the July 2016 national GP patient survey results. We saw documentations which demonstrated an implementation plan to improve patient experience. For example the practice were exploring ways of improving communication during consultations and effective ways of increasing patients feeling of being involved in their care and treatment. The practice planned to encourage patients to book double appointments to allow sufficient time when discussing more than one problem.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day told us they mainly felt involved in decision making about the care and treatment they received. There were mixed views regarding patients feeling listened to, and supported by staff and having 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 more positive about these views and we saw that care plans were personalised.

Results from the national GP patient survey showed patients responded less positively to GP related questions about their involvement in planning and making decisions about their care and treatment. However, were comparable regarding nurse related question. Results were below local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Good

Are services caring?

- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and various health information fact sheets were available via the practice web site.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations, for example counselling and wellbeing services. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (1.4% of the practice list). Written information was available within the reception area to direct carers to various avenues of support available to them. The new patient registration form included questions which enabled the practice to identify whether patients were carers. Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress level review. Data provided by the practice showed that 100% of carers had received a health check, 78% had a flu vaccination and 100% had their stress levels reviewed in the past two years.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs where advice on how to find and access support services were discussed. The practice also sent letters of condolences which included useful contact numbers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the lead GPs chaired a board meeting for Walsall CCG which specifically looks at developing mental health pathways. Staff told us of a current project that involved developing a pathway to ensure a single point of contact (SPOC) to Child and Adolescent Mental Health Services (CAMHS). The practice had identified the need to improve access for vulnerable patients and this was part of the project to develop pathways. For example, the practice operated a zero tolerance clinic for patients who have been excluded from accessing other local GP practices due to a variety of reasons such as aggressive or abusive behaviour towards a GP, member of staff, other patients or damages to practice property.

- The practice offered extended opening times on Mondays from 6.30pm to 7.20pm for patients who could not attend during normal weekday opening hours.
- The practice made use of information technology to improve patient access. For example, there were online access to clinical records for patients who signed up to the service, online appointment bookings; prescription requests and electronic prescription services (enables prescribers to send prescriptions electronically to a pharmacy of the patient's choice). The practice also offered patients the option of opting into summary care records (a system which provides healthcare professionals treating patients in different care settings with faster access to key clinical information).
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as a yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient record system.
- There were disabled facilities and the premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw practice policies and procedures to support this.
- A range of diagnostic and monitoring services including spirometry, electrocardiographs, phlebotomy and pre-diabetes checks.
- Staff we spoke with explained that they worked proactively with the district nurses who were based in the same building where they co-ordinated care provisions for patients with complex needs. For example, patients in residential homes, house bound and long term conditions.
- The practice operated a foodbank and had an agreement with a local charity who would collect donated food. Staff explained that the practice received food donations from staff members, patients, families and friends. We saw posters in the reception area promoting this service.

Access to the service

The practice is opened between 8.30am and 7.30pm on Mondays, 8.30am and 6.30pm on Tuesdays, Thursdays and Fridays. Wednesday opening times were between 8.30am and 1pm. Out of hours services were provided by NHS 111 and when the practice was closed during core hour's care was provided by WALDOC (Walsall doctors on call). In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment showed variations to local and national averages.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

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.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. The practice had a policy and associated flow chart to support staff.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; for example, posters displayed and summary leaflet available.
- Although most patients we spoke with during the inspection were not confident in knowing what to do if they wished to make a complaint they explained that they felt comfortable speaking to staff members if and when required. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency. We saw that responses included an invitation to the patient participation group. The practice discussed complaints and identified learning points from individual concerns and complaints. Documentations showed plans to improve the quality of care following complaints. For example, documentation for the two complaints demonstrated that patients had received a verbal and written apology; and plans were agreed and implemented to reduce the risk of the same thing happening again. We saw for example, that following a complaint about the seating arrangements the practice carried out an internal survey to obtain a wider picture of how patients felt; as a result the seating arrangements were rearranged.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services which reflected and responded to those needs.

Governance arrangements

There was a staffing structure and staff we spoke with were aware of their own roles and responsibilities including the responsibilities of the wider team. There were governance arrangements in place which were mainly well managed. However, we saw that in some areas these arrangements were not always effectively operated. For example:

- Practice specific policies were implemented and were available to all staff.
- There was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities. Although staff we spoke with were able to explain how they delivered care in line with best practice; an effective system to monitor the completion of training had not been established. For example, we saw that non clinical staff had not received safeguarding vulnerable adults training; and GPs had not received infection prevention and control training.
- The practice was performing below local and national averages for the uptake of national screening programmes such as bowel and breast cancer; however, there was evidence that action was being taken to increase uptake.
- We saw evidence of two clinical audits competed in the last two years. However, one of the audit could not demonstrate improvement as it was a single cycle audit.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in most areas. For example, the practice had an effective system to manage and respond to safety alerts such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we saw that not all staff had received the appropriate checks through the Disclosure and Barring Service or complete a risk assessment in the absence of the appropriate checks.

Leadership and culture

Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Although staff had not needed to follow the whistleblowing policy staff explained that they felt confident that they would be supported if they ever needed to follow the process.
- The practice held a variety of regular meetings such as general practice and clinical meetings. However we saw that meetings were not always formal or minuted. Staff we spoke with explained that communication was generally informal and there were regular discussions on a day to day basis; although they had recognised this and had recently developed a formal internal meeting structure. The practice provided evidence to support this.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. 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:

Are services well-led?

Good

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members explained that they had discussed increasing the awareness of different groups such as the Alzheimer's association and dementia café. The practice took appropriate actions to increase information available in the reception area. The PPG had also raised concerns about the car park and the practice took action by discussing the possibilities of having yellow lines with the property owners. As a result the council had placed yellow lines around the practice which prevented people from blocking the practice front entrance.
- Staff explained that they had discussed the outcomes of the national GP patient survey and established a plan to address areas of lower than average patient satisfaction. PPG members we spoke with explained that the practice discussed the NHS friends a family test results with the group.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nursing team had highlighted the need to ensure Insulin initiation for patients was done at the start of the week to allow the nurses to review the patient if needed prior to the weekend. We were told that this process was now in place. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the lead GP played an active role within Walsall CCG and chaired meetings such as a mental health steering group where the GP was involved in the development of mental health pathways to improve patient access. The GP explained that board members were exploring effective methods to ensure services were accessible to all and raise staff awareness of services available. Staff we spoke with told us that engagement with this steering group influenced the practice to develop and offer a zero tolerance clinic for vulnerable patients.