Coalpool Surgery

Quality Report

Harden Road
Bloxwich
Walsall
WS3 1ET
Tel: 01922423266
Website: www.coalpoolsurgery.nhs.uk/

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Coalpool Surgery on 18 April 2016. Overall the practice is rated as requires improvement.

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.
- There management of uncollected prescriptions was not thorough enough, for example staff were not always following practice policy and procedures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment, however not all felt they had sufficient time during consultations.
- Information about services and how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.
- Appointments were available outside of normal hours for example, 7am Mondays and Thursdays, 9am on Saturdays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. However there were gaps in governance arrangements and we identified the need to improve record keeping in some areas.
- The practice was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The practice engaged with the virtual patient participation group and there was a strong focus on continuous learning and improvement at all levels.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvement are:

- Implement an effective communication system to ensure the results from reviews about the quality and safety of the service and actions taken are shared. For example proposed audits and those which have been carried out by clinicians must be made common knowledge throughout the practice management team.
- Ensure that staff follow the practice's policy and procedure when managing uncollected prescriptions.

The areas where the provider should make improvement are:

- Improve the identification of registered patients who are carers and develop services to meet the needs of these carers.
- The practice should consider how they could further promote childhood immunisations and screening.
- Extend the review of processes to increase the number of patients who take part in the bowel and breast screening programme.
- Increase the number of patients identified with a learning disability who have had a their medication reviewed in the last 12 months.
- Ensure that they maintain a log of fire drills that have been carried out by the property landlords and continue seeking to obtain completed cleaning schedules.
- Ensure that staff are aware and clear of lead roles, for example the practice should ensure that all staff are aware of who the infection prevention control lead is within the practice.
- Ensure that all non clinical staff follow national guidance when acting as chaperones.

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

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff we spoke with were able to demonstrate their responsibilities when raising and reporting concerns, incidents and near misses.
- Lessons were shared with the wider team during monthly practice and clinical meetings to make sure action were taken to improve safety in the practice.
- 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 with the exception of chaperoning. For example we were told that on the rare occasion when some non clinical staff acted as chaperones they were not following national guidance.
- A health and safety policy was available, electrical equipment had been checked maintained and the practice had an up to date fire risk assessment. Following the inspection we were provided with a copy of their health and safety risk assessment.
- Recruitment checks for staff employed prior to CQC regulation of GP practices were not all located in the files we checked. However we saw that the practice had policies in place to ensure appropriate pre employment checks would be carried out before future staff started their employment with the practice.

Are services effective?

Requires improvement

The practice is rated as required improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. This was evidenced through the

Summary of findings

practices facilitation of in-house training events, for example clinical staff attended mandatory updates and there was evidence of appraisals where development needs were being discussed.
- Audits and random sample checks of patient records were conducted to assess, monitor and improve quality and safety. We were told GPs followed NICE guidelines when deciding alternative treatment options. However not all audits carried out by clinicians had been shared with the wider management team.
- Multidisciplinary working was in place but was informal and record keeping was limited or absent for some meetings. For example staff told us they liaised with health visitors and safeguarding teams when raising concerns, discussions were being documented in patient notes. However these meetings were not formalised.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice slightly below average for some of its satisfaction scores on consultations with GPs however was in line with national average on consultations with the nurses.
- Information for patients about services available was easy to understand and accessible. patients
- We saw staff treated patients with kindness, respect and maintained patient confidentiality. We saw patients and reception staff used first name terms and reception staff had a good rapport with patients.
- The practice had only identified 0.41% of the practice population as carers. There was a lack of information on display within the practice to signpost carers to support services.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example the surgery offered a 'Commuters Clinic' on a Monday and Thursday morning from 7am until 10am and also Saturday mornings from 9:30am until 10:30am.

Summary of findings

- Urgent appointments were available the same day, home visits and access to E-consultation were also being offered.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice carried an internal survey to obtain feedback from patients. We saw an action plan to address problems getting through on the phone and appointment availability.

Are services well-led?

Requires improvement

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

- There was a leadership structure and staff felt supported by management. However the structure had not been clearly explained to staff. For example, staff were not clear on who the leads were for safeguarding or infection control.
- There was an overarching governance framework which supported the delivery of the strategy. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The directors encouraged a culture of openness and honesty, staff we spoke with felt confident and supported when raising issues. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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.
- We saw evidence of engagement with the virtual patient participation group and there was a strong focus on continuous learning and improvement at all levels.
- Practice informed us that multi disciplinary meetings such as meetings palliative care meetings were taking place however although safeguarding discussions with health visitors were documented in patient notes these meetings were not formalised.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for the care of older people. This is because the concerns identified in relation to how effective and well-led the practice was impacted on all population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice operated a robust system for flu vaccinations offered to over 65s. 70% of patients received their yearly vaccination, 63% of housebound patients over the age of 65 had received the vaccination.
- The practice identified patients aged 70 to 79 who were eligible for their shingles vaccination; 54% had received the vaccination and 18% declined.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs were undertaking health checks for over 75s; the surgery had a 76% attendance rate.
- The practice identified patients who had been admitted to hospital following a fall. Patients were reviewed by a GP following discharge and if not already done were referred to the local fall prevention team, occupational therapy and physiotherapy.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for the care of older people. This is because the concerns identified in relation to how effective and well-led the practice was impacted on all population groups.

- The practice offered a range of clinical services which included care for long term conditions. Nurses focused on diabetic care, respiratory and managing recalls on a weekly basis.
- Performance for overall diabetes related indicators was 93% compared to the CCG average of 91% the national average of 88%.

Summary of findings

- Longer appointments were available when needed. Patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met.
- Patients diagnosed with diabetes were referred to the DESMOND programme (a self-management education modules, toolkits and care pathways for people with, or at risk of, Type 2 diabetes).

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the concerns identified in relation to how effective and well-led the practice was impacted on all population groups.

- 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. Although childhood immunisation rates for standard immunisations were in line with CCG average for some age groups, the uptake rate for children under two years was lower, between 43% and 97% compared to CCG average of between 78% and 98%. We were told that letters were sent out to parents; the practice were also discussing missed immunisation concerns with health visitors.
- 81% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to31/03/2015) compared to the CCG average of 82%
- Patients who did not attend cervical screening were contacted and a flag placed onto their clinical record. This supported the nursing team with offering opportunistic screening.
- Appointments were available outside of school hours for example from 7am Mondays and Thursdays and also Saturday morning clinics. The premises were suitable for children and babies.
- We were given examples of joint working with midwives, health visitors and school nurses and we were told that discussion were recorded in patient notes.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the concerns identified in relation to how effective and well-led the practice was impacted on all population groups.

Summary of findings

- The practice had adjusted the services it offered to ensure services were accessible, flexible and offered continuity of care for this population group by offering early morning appointments midweek and Saturday morning appointments.
- The practice offered on line services such as e-consultations as well as a full range of health promotion and screening that reflected the needs for this age group. Patients were encouraged to access in house smoking cessation advice or self-refer to either their local pharmacy or the Walsall Health Training team; 94% of the practice patient list identified as smokers had received smoking cessation advice.
- The practice sent letters out to eligible students inviting them to the surgery for their necessary vaccinations as per the current NHS guidelines.
- New patient consultations and health checks for 40s to 75 year olds were offered by nurses and health care assistants.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the concerns identified in relation to how effective and well-led the practice was impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances, 73% of the patients identified as having a learning disability had a care plan in place, 53% have had their medication reviewed and a face to face appointment in the last 12 months. Information regarding healthy living and action plans were available in easy read formats.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example we saw evidence of joint working for drug dependent patients as part of Walsall CCG Local Commissioned Services.
- The community pharmacist carried out medication reviews for patients who were unable to attend the surgery and any concerns were reported to the practice. Arrangements were made for a GP to visit if necessary. The practice nurses also offered home visits where appropriate for immunisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were 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.

Summary of findings

- The practice's computer system alerted GPs if a patient was a carer, 0.41% of the practice list had been identified as a carer. Contact details for various avenues of support were provided during GP consultations; however we did not observe any information on display to inform carers of support organisations .
- Although the practice had a process which identified 0.41% of practice population to be carers, there were no notices in the reception area advising patients of support and information.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the concerns identified in relation to how effective and well-led the practice was impacted on all population groups.

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, this was comparable to the national average. Practice data highlighted that 73% of the practice patient list diagnosed with dementia had care plans in place, 85% received a medical review and 90% had a face to face appointment in the last 12 months.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) this is comparable to national average. One hundred per cent of patients identified with a mental health related illness had care plans in place, 85% received a medical review and 90% have had a face to face appointment in the last 12 months.
- There were longer appointments available at flexible times for people experiencing poor mental health.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016, results showed in most areas the practice was performing in line with local and national averages. 404 survey forms were distributed and 114 were returned. This represented a 28% response rate and approximately 3% of the total practice population.

- 82% of patients found it easy to get through to this practice by phone compared to the 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 national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received a total of eight comment cards which were mainly positive about the standard of care received. For example, patients found staff to be friendly, accommodating and always happy to help. Patients felt reception staff were respectful and overall very good. However there were three comments relating to difficulties getting appointments.

We spoke with six patients during the inspection. Patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed, caring and their privacy was respected. They told us that the reception team were easy to talk with. Results from the March 2016 Friends and Family Test identified 71% would recommend Coalpool surgery to friends and family.

Areas for improvement

Action the service MUST take to improve

- Implement an effective communication system to ensure the results from reviews about the quality and safety of the service and actions taken are shared. For example proposed audits and those which have been carried out by clinicians must be made common knowledge throughout the practice management team.
- Ensure that staff follow the practice's policy and procedure, for example when managing uncollected prescriptions.

Action the service SHOULD take to improve

- Improve the identification of registered patients who are carers and develop services to meet the needs of these carers.
- The practice should consider how they could further promote childhood immunisations and screening.
- Extend the review of processes to increase the number of patients who take part in the bowel and breast screening programme.
- Increase the number of patients identified with a learning disability who have had a their medication reviewed in the last 12 months.
- Ensure that they maintain a log of fire drills that have been carried out by the property landlords and continue seeking to obtain completed cleaning schedules.
- Ensure that staff are aware and clear of lead roles, for example the practice should ensure that all staff are aware of who the infection prevention control lead is within the practice.
- Ensure that all non clinical staff follow national guidance when acting as chaperones.

Coalpool Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Coalpool Surgery

Coalpool Surgery is located in Walsall West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of depravation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Coalpool Surgery are below the national average.

The patient list is approx 4,200 of various ages registered and cared for at the practice. Phoenix Primary Care Limited were awarded the contract in 2008, this was extended for a further three years in 2014. Coalpool surgery is run by Phoenix Primary Care Limited board of directors and service delivery is supported by a clinical and administration team. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a nationally agreed contract between general practices and the CCG for delivering primary care services to local communities.

The practice 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. These directed enhanced services include, childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal immunisations, identifying and registering patients with learning disabilities. The surgery is registered to deliver diagnostic and screening procedures, maternity and midwifery services and treatment of diseases, disorders or injury.

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 one male and two female salaried GPs, two practice nurses; one being an independent prescriber and a health care assistant. One practice manager, one practice administrator, one secretary and six receptionists. The practice is a training practice which facilitates GP Registrar's (GPs in training) to gain experience and knowledge in general practice.

The practice is open between 7am to 6:30pm on Mondays and Thursdays, 8:00am to 6:30pm on Tuesday and Friday, 8:00am to 1pm on Wednesday and 9am to 12pm Saturday.

GP consulting hours are from 7am to 6:30pm on Mondays and Thursdays, 8am to 6:30pm on Tuesday and Friday, 8am to 1pm on Wednesday. Extended consulting hours are offered on Saturday from 9:30am to 10:30am; however the telephone line is not accessible during this time. 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 primacare.

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 held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 April 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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. The practice had developed a spreadsheet log to ensure all staff had received, accessed and completed action points which included recording of patient involvement. Incidents were reported internally, investigated and reviewed by competent staff. Actions were documented to prevent further occurrence. For example:

- Staff knew how to raise and record significant events. Staff told us they informed the practice manager of any incidents by completing a significant event form available on the surgery computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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. Learning was shared with the wider team and in some cases with relevant external authorities/bodies through joint communication, monthly practice and clinical meetings. For example we saw that following a breach of patient confidentiality the surgery provided an apology in a timely manner and learning was shared to reduce the risk of reoccurrence.
- Minutes from practice meetings demonstrated that significant events were discussed and actions agreed. Staff involved in incidents received information about the outcomes and learnings. For example the practice manager discussed incidents with non-clinical staff; we saw that these were well recorded.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example processes to review and action the handling of pathology results had been amended following an incident at the practice.

The practice complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Management Healthcare products Regulatory Agency (MHRA). There were systems in place and a responsible person to manage and communicate MHRA alerts. For example when asked we saw evidence that the latest device alert had been actioned in a timely manner.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

For example:

- Safeguarding 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 member of staff for safeguarding, however not all staff we spoke with were aware of who this was. Staff told us that in the event of a concern they would inform the practice manager. The GP safeguarding lead and practice nurses had received safeguarding training relevant to their role and to the appropriate level to manage child safeguarding (level 3). The GP had also attended Female Genital Mutilation training. We were advised that the safeguarding lead attended external multi-disciplinary safeguarding meetings with the Multi Agency Safeguarding Hub team (MASH) however on the day of inspection we were not provided with evidence of meeting minutes to support this. When asked staff we spoke to told us that they were recording discussions with the health visitors directly into patient notes.
- We saw that there were external safeguarding contact details on notice boards in all rooms and also on the shared computer drive.
- Staff we spoke with demonstrated they understood their responsibilities in keeping people safe. We saw staff had received training on safeguarding children and vulnerable adults relevant to their role.
- There was a system in place to follow up children who did not attend for appointments. Information of concern was discussed with health visitors however there was no formal recording of these discussions.

Good

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All clinical and non-clinical staff who acted as chaperones 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). Although trained for the role some non clinical staff we spoke to told us that on rare occasions they were asked to act as a chaperone however they were not following national guidance when carrying out this role.
- We observed the premises to be clean and tidy however there were no general cleaning logs to demonstrate what had been cleaned and when. When asked staff we spoke to told us that this was due to a contractual change made by the property landlords, as a result cleaning logs had been removed by the contractors. The practice provided evidence of where they had been actively seeking to obtain new cleaning logs. An infection control audit had been conducted in December 2015 where the practice had scored 98 out of 100. We saw that action had been taken to address any improvements identified as a result. For example, we checked an action relating to medical devices and saw that the pulse oximeter (device which monitors blood oxygen levels) was visibly clean, dust free and in good state of repair.
- Infection control lead received appropriate level of training to carry out this role and staff we spoke to understood and were able to demonstrate how they would handle specimens and deal with spillage of bodily fluids. However some staff we spoke to were not clear about who the designated infection prevention control lead was within the practice.
- The arrangements for managing medicines, including emergency medicines and 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 however we saw that staff were not always following policies and procedures. For example although we saw appropriate arrangements were in place to ensure care and treatment remained safe for patients seen as part of a shared care agreement between the practice and local community services we saw that some uncollected prescriptions had not been actioned in line with practice policy and procedures. We reviewed the prescribing of controlled medicines and saw evidence of joint medication reviews, care plans and clear actions were documented to address non engagement.
- There were processes in place to monitor vaccination stock levels, place orders and monitor the vaccination fridge temperature. The practice had two overflow vaccination fridges if required and steps were taken to reduce the risk of fridges being accidently turned off. The nursing team were trained to administer vaccines.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example we saw evidence where the community pharmacist had noticed a prescription error, the pharmacist informed the GPs and appropriate actions were taken. We were told that through fortnightly audits the pharmacist was monitoring patients on high risk medications, GPs were conducting near patient testing and patients were being booked in for blood tests prior to receiving repeat prescription. There was a system in place to monitor the collection of prescriptions however this was not always followed. For example, we saw that two prescriptions dated November 2015 had not been collected and the system to handle this had not been followed.
- Stationary such as blank prescription forms, pads and death certificates were stored securely. There were systems in place to monitor and track their use throughout the practice. One of the nurses was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They were supported by the medical staff for this extended role. The nurse kept up to date with The National Institute for Health and Care Excellence guidelines (NICE) and attended courses. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The PGDs and Patient Specific Directives (PSDs) we reviewed on the day were signed and in date. We saw that health care assistants were operating under PSD when running flu vaccination clinics.
- We reviewed six personnel files and found that appropriate recruitment checks for staff employed prior

to CQCs regulation of GP surgeries were not all located in the files. However we saw that the practice had policies in place to ensure pre-employment checks were carried out before future staff were employed.There was a system in place for checking the registration of clinical staff with the appropriate professional body and DBS checks had been completed for all practice staff.

Monitoring risks to patients

Risks to patients were assessed and well managed in most areas, for example:

- 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 up to date fire risk assessments. Staff told us that regular fire drills were carried out however there were no documentation to support this, staff we spoke to told us that they were actively seeking to obtain a log of completed fire drills from the property landlords. On the day of the inspection we saw that electrical equipment had been tested to ensure they were safe to use. We also saw that clinical equipment were being checked weekly, records were being kept to evidence this. The practice had a variety of other risk assessments carried out by an external contractor to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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.
- Staff we spoke with had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with 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 generally care was delivered 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 had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example clinical staff attended Phoenix continual learning and development events to review areas such as palliative care and Gold Standards Framework pathways and Quality Outcomes Framework (QOF) updates.
- The practice carried out audits and random sample checks of patient records to assess monitor and improve the quality and safety of prescribing. For example, we were told following receipt of guidance relating to antibiotic prescribing and patients presenting with symptoms of diarrhoea, a new process had been put in place where GPs conducted stool samples and followed NICE guidelines when deciding on alternative treatment options.
- Clinical staff participated in training and received support appropriate to their duties, for example health care assistants were receiving support from nurses and GPs. Practice nurses attended mandatory training and received support from the GPs. Appraisals were used to support professional development and the practice used 360 degree feedback.
- Arrangements were in place to ensure timely follow up of appointments and care plans had been completed following hospital discharge. We saw a system was in place to check discharge letters were reviewed and acted upon by the GPs. Follow up appointments took place and the practice used a detailed care plan template which involved next of kin, carers and responsible adults during appointments. GPs offered face to face and also telephone appointments.

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). The most recent published results were 98% of the total number of points available.

Exception reporting domains were significantly higher than the Clinical Commissioning Group (CCG) and national averages (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 76% of patients with diabetes on the register had received a specific blood glucose reading in the preceding 12 months (01/04/2014 to 31/03/2015) compared to national average of 78%.
- Performance for mental health related indicators was better than the national average. For example 93% of patients with a mental health related disorder had a comprehensive, agreed care plan documented in their record compared to national average of 88%, with a exception reporting rate of 36% for depression, compared to the CCG average of 26%, national average of 25%
- 92% of patients with Chronic Obstructive Pulmonary Disease had a review undertaken including anassessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) compared to national average of 90%, with an exception reporting rate of 26%, compared to CCG and national average of 12%.
- 100% of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register, compared to CCG and national average of 95%, with an exception reporting rate of 11%, compared to CCG average of 4% and national average of 5%.

Requires improvement

Are services effective?

(for example, treatment is effective)

Care and treatment plans were put in place for patients experiencing poor mental health in order to meet their needs. For example the surgery had identified 27 patients with a mental health related disorder; 100% had care plans in place, 85% had a medical review in the past 12 months and 90% had a face to face review in the past 12 months.

To address the areas where exception reporting was above the CCG and national average we were told that patients were chased up and also seen opportunistically. Following three missed appointments a phone call and letter was sent out inviting patients to attend the surgery. The practice discussed QOF performance during regular practice meetings attended by clinical and non-clinical teams. The practice discussed performance issues and recommendations were made to ensure GPs actively recalled patients.

There was evidence of quality improvement including clinical audit for example:

There had been seven clinical audits completed in the last two years, five were carried out by the surgery and two by an external agency. We saw that audits carried out by an external agency were full cycle however those conducted in house were not complete cycle audits. For example, an audit of medicines prescribed for patients with diabetes showed 33% of these patients had not been reviewed in line with NICE guidelines. We saw that the practice had put systems in place to address this and planned a follow up audit for in 2017 to ensure that changes to the system made positive improvements for patients. Medical staff we spoke to advised us of audits which had been carried out for example an audit on diabetic patients taking a particular medication. However when asked this audit was not common knowledge throughout the practice management team.

Effective staffing

Not all staff we spoke to were able to evidence that they had received appropriate training to deliver effective care and treatment.

- 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.
- Staff reviewing patients with long-term conditions attended Phoenix continual learning and development event regarding palliative care pathways.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice manager carried out appraisals for non-clinical staff and nurses, GPs provided nurses with one to one supervision.
- Staff had received training that included: safeguarding, fire safety awareness, basic life support however information governance were overdue. Staff had access to e-learning training modules and in-house training. Staff were also encouraged to allocate 30 minutes per week to carry out e-learning. We looked at the practice's training matrix and saw that training such as health & safety and infection prevention & control had not been documented as completed by all staff. Following the inspection the practice provided a completed copy of their training matrix which showed that training had been completed.
- We spoke with staff members during the inspection; some found staffing levels were not sufficient . We were told that this was due to a number of staff leaving which had an impact on their workload. We reviewed the practices plans regarding recruitment and we were told that staff from other locations would support in busy periods, for example existing staff were providing cover for those who were on leave. We were also told that the practice had no control over the allocation of registrars and there were no future plans to recruit further staff.

Coordinating patient care and information sharing

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, joint discussions took place with a local addiction service and the practice worked with health visitors to keep children safe.

We saw evidence that GPs, district nurses and palliative care teams attended meetings every two months to discuss patients on their palliative care list. Meeting minutes and actions were reviewed and patients were seen and reviewed, however we saw that meetings and discussions around safeguarding issues with health visitors were not being recorded.

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.

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 at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol recovery. Patients were signposted to the relevant service.
- Smoking cessation advice was available via the health care assistant.
- Patients diagnosed with diabetes were referred to DESMOND expert patient program (a self-management education modules, toolkits and care pathways for people with, or at risk of, Type 2 diabetes). Patients were also being referred to hospital pain management

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening for example:

- 68% Females, 50-70, screened for breast cancer in last 36 months (3 year coverage), compared to CCG average of 73% and national average of 72%.
- 44% Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %), compared to CCG average of 50%, and national average of 55%.
- 44% Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %), compared to CCG average of 53%, and national average of 58%.

Childhood immunisation rates for vaccinations given to under two year olds were below the CCG average. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 43% to 97% compared to CCG average rate of 78% to 98%. Five year olds ranged from 97% to 99%. Letters were sent to

Requires improvement

Are services effective?

(for example, treatment is effective)

parents advising them that none attendance was viewed as a concern which prompted further exploration with the patient and health visitors. Alerts appeared on screen and nurses opportunistically offered immunisations.

Patients had access to appropriate health assessments and checks carried out by the practice nurses and health care assistants. 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 we spoke with knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The eight patient Care Quality Commission comment cards we received were mainly 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. For example some patients felt staff were helpful, friendly and accommodating. However we saw three comments relating to difficulties getting appointments.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for some of its satisfaction scores on consultations with GPs and was in line with CCG and national average on scores relating to consultations with the nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 80% 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%.
- 92% 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%.
- 94% say the last nurse they saw or spoke to was good at listening to them compared to the CCG and national average 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 76% and the national average of 87%.

The practice had identified the low score relating to npatients feeling listened too, and told us they had recently had a change in the clinical team. There were no immediate plans in place to address the national GP survey result however we were advised that there were future plans to discuss and review the results. We observed signs in the reception area and GP doors advising patients that the surgery operated one appointment per problem. The staff we spoke with advised us that patients were able to book double appointments if available or two separate appointments if they wished to be seen for more than one problem. Some patients we spoke with felt rushed during consultations however felt confident in speaking to staff if they felt the need to complain.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received, they also told us they felt listened to and supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. . For example:

- 83% 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?

- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% 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 national average of 85%.

The practice provided facilities to help patients to 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 interpreting services were available.
- Information leaflets were available in an easy read format.
- There were sign language and interpreter services available however there was no support in place for patients who had visual or hearing difficulties. Staff we spoke with advised that they did have some patients who were slightly hard of hearing however those patients were directed to various rooms to support them.

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, however there were limited information carer support groups. Information about some 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 17 patients as carers (0.41% of the practice list). The surgery were planning to offer carers a health check when they attended with the patient they cared for. There was no information on display to direct carers to the various avenues of support available to them.

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 and/or by giving them advice on how to find a support service, offering bereavement counselling.

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. For example:

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday morning at 7am until 10am, and on Saturdays 9:30am to 10:30am for working patients who could not attend during normal opening hours.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics.
- There were disabled facilities and translation services available however there was no hearing loop.
- Care plans for patients with learning disabilities, over 75s, palliative care, unplanned admissions and patients with dementia were reviewed and attached to patient records. We saw evidence where GPs used best practice when reviewing patients care and treatment. Reasonable adjustments were made and action taken to remove barriers when patients found it hard to use or access services for example, homeless and vulnerable patients were able to register with the surgery.
- Practice nurses offered an anticoagulation clinic. Between January 2016 and March 2016 a total of 188 treatments were provided. The services were offered to patients who were referred to the practice by nurses based at other Phoenix Primary Care practices. Patients we spoke with on the day of the inspection found the referral process smooth, straightforward and had no problems accessing the clinic.

Access to the service

The practice was open between 7am and 6:30pm Mondays and Thursdays, 8am and 6:30pm Tuesday and Fridays; 8am to 1pm on Wednesdays, the surgery also opened on Saturdays between 9am and 12pm. Appointments were from 7am to 5pm Mondays and Thursdays, 8am to 6:30pm Tuesdays, 8am to 12pm Wednesdays and 8am to 4:40pm Fridays. Extended hours appointments were offered from 7am Mondays and Thursdays and every Saturday from 9:30am and 10:30am. In addition pre-bookable appointments and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The majority of patients we spoke with on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment, however not all felt they had sufficient time during consultations.

We saw an action plan where the practice acted on feedback to address appointment availability and access. The surgery worked with Walsall CCG to implement electronic consultations with patients to enable them to access appointments via the surgery website. These were triaged by GPs; the practice nurse were conducting minor illness appointments to release the strain on GP appointments. Staff were due to receive telephone training to ensure calls were answered in a timely manner and the surgery directors were currently installing new telephone systems. The surgery had a dedicated line for carers and health professionals.

Listening and learning from concerns and complaints

The practice had an effective 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example there were leaflets in the waiting room and posters on the surgery notice board.

We looked at 12 complaints received in the last 12 months. We found all were satisfactorily handled, dealt with in a timely way and there was openness and transparency when dealing with the complaint. For example, the surgery provided verbal and written apologies and an explanation of the actions taken to reduce the risk of further related incidents. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the surgery introduced a new protocol when responding to home visit requests; home visits relating to chest pains were logged as urgent triggering an immediate call to emergency services. The surgery responded to issues related to delays in responding to pathology results, we saw that there were a policy and a system in place to ensure all results are actioned on a daily basis.

Are services well-led?

Requires improvement

(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 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. We were told that business plans were held in the central office therefore we did view a copy on the day of the inspection.

Governance arrangements

There were gaps in the overarching governance framework which did not supporte the delivery of the strategy, good quality care and the structures and procedures. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities with the exception of infection control where the lead role had not been clearly defined.
- Practice specific policies were implemented and were available to all staff, however we saw that uncollected prescriptions had not been actioned in line with practice policies and procedures. Some non clinical staff we spoke to told us that on rare occasions they would act as chaperones however were not following national guidance when carrying out this role.
- A comprehensive understanding of the performance of the practice was maintained
- Although there were a programme of continuous clinical and internal audits used to monitor quality and to make improvements we saw that communication systems were not robust and there was not a systematic process in place which linked into the practice governance arrangements. Medical staff we spoke to advised us of audits which had been carried out for example an audit on diabetic patients taking a particular medication. However when asked this audit were not common knowledge throughout the practice management team.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Although the practice documented their palliative care meetings they were not recording safeguarding discussions with health visitors and when asked we not able to provide evidence of meetings attended with the local safeguarding teams. However staff we spoke to told us that they were recording safeguarding discussions held with health visitors directly into patient notes.
- There were a health and safety policy available, we saw that electrical equipment had been checked maintained and the practice had an up to date fire risk assessment. However they had not maintained a record of fire drills which had been carried out by the property landlords, staff we spoke to told us that they were actively attempting to obtain this information from the landlords.
- We saw that not all required training updates had been completed to enable staff to carry out the duties staff were employed to perform. For example when asked we were told that information governance training were overdue. Following the inspection the practice provided a copy of their training matrix which showed that training such as infection prevention and control, and health and safety training had been completed however information governance training had not been recorded as completed.

GPs had a variety of lead roles such as, palliative care, mental health, learning disabilities and rheumatoid arthritis. The nursing team and health care assistant were involved in areas such as childhood immunisations, diabetes and chronic obstructive pulmonary disease.

Leadership and culture

On the day of inspection the directors told us they had a vision to provide good quality treatment to patients. Staff told us the directors were approachable and they felt able to raise concerns if and when required.

The practice 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

Are services well-led?

Requires improvement

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

things go wrong with care and treatment). The directors encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that:

- 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.

There was a leadership structure in place and staff we spoke with during the inspection felt supported by management. However the structure had not been clearly explained to all staff. For example, staff were not clear on who the leads were for safeguarding or infection control prevention.

Some clinical and non-clinical staff we spoke to felt increased pressures as a result of a number of staff leaving. For example we were told that two GP registrars had left and were not replaced. Clinical staff we spoke to told us that this was having extra pressures on their workload and felt a review of the workload would help. Other non clinical staff we spoke with felt there were insufficient staffing levels however they were not feeling any impact on service delivery as work was distributed and there was a staff rota in place. We were told that management had been made aware of the staffing issues however the practice had no control over the allocation of registrars. We were also told that there were no plans to recruit as staff were shared across other locations during busy periods.

- Staff told us the practice held regular team meetings where shared learning and staff engagement were encouraged; informal practice nurse meetings took place when required.
- 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.
- All staff were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 were actively attempting to gather feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We saw evidence of past meetings where issues were raised by patients and action points documented. Due to the lack of patient engagement a joint decision to start a virtual PPG had been made. We saw that the practice communicated electronically with PPG members regularly, and suggested proposals for improvements to the practice. For example, the surgery had an action plan to review their telephone systems and were in the process of tendering a new phone contractor; they were also reviewing the appointment system and exploring ways of increasing access.
- The practice had gathered feedback from staff through staff meetings, appraisals and the practice manager operated an open door policy. Staff we spoke with told us they felt comfortable to give feedback and discuss any concerns or issues with colleagues and management.For example, we were told that there were discussions to improve communication with the district nurses and it had also been identified that there was no follow up system for patients referred to district nurses for blood tests. As a result a system had been put in place.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The clinical team attended continuous professional development events and engaged with Walsall Clinical Commissioning Group (CCG); practice nurses attended CCG updates and attended training with other practice nurses within the area. The practice nurse was a Queens Nurse (these are nurses who are committed to high standards of practice and patient care, and have demonstrated a high level of commitment to patient care and nursing practice).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have a effective communication system to ensure the results from reviews about the quality and safety of the service and actions taken were shared. For example audits which had been carried out such as an audit on diabetic patients taking a particular medication had not been made common knowledge throughout the practice management team. Staff were not always following the practice's systems for uncollected prescriptions. This was in breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.