

# The Greens Health Centre

## Quality Report

100 Maple Green  
Dudley  
DY1 3QZ  
Tel: 01902667949  
Website: [www.thegreenshealthcentre.com](http://www.thegreenshealthcentre.com)

Date of inspection visit: 10 November 2016  
Date of publication: 09/01/2017

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Greens Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Greens Health Centre on 10 November 2016. Overall the practice is rated as good.

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

- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect. Patients we spoke with during our inspection told us they were satisfied with the care and treatment they received.
- There were systems in place for reporting incidents, as well as comments and complaints received from patients. There were systems, processes and practices in place to keep people safeguarded from abuse.
- Staff we spoke with said that they worked closely as a team and communicated regularly on a daily basis but expressed that they would benefit from having a formal programme of practice meetings as a whole team.
- During our inspection the practice could not demonstrate how learning had been shared with practice nurses and non-clinical staff members since the last team meeting which took place in June 2016. We saw that a programme of meetings had been planned to improve this.
- We saw that that risks associated with safety were continually monitored, effectively mitigated and well managed.
- There was no evidence of legal patient specific directives (PSDs) in place for medicines to be supplied or administered (such as flu vaccinations) to patients by the health care assistant.
- Although the practice reviewed patients who frequently attended A&E, this was done on an adhoc

# Summary of findings

basis and there was no systematic process in place to support this. Furthermore the practice did not frequently review child attendances at the local Accident and Emergency (A&E) departments.

- We saw evidence of some completed clinical audits in place which had been repeated to monitor quality and to make improvements.
- Patients could access appointments and services in a way and at a time that suited them. The practice operated open clinics and extended hours every Monday.
- The practice had reviewed their clinical rotas to ensure that patients had better access to continuity of care with a GP of their choice, as a result locums were rarely used and patients we spoke with during our inspection commented on good continuity of care.

The areas where the provider must make improvements are:

- Ensure that national guidelines are adhered to support clinical staff when administering vaccinations,

implement patient specific directions (PSDs) and ensure that records are well governed to reflect PSD requirements including review, specification and authorisation.

- Embed a systematic process to ensure that patient (including child) attendance at A&E is regularly reviewed and followed up where necessary.

The areas where the provider should make improvements are:

- Use audits to identify and drive improvements across wider areas such as infection control and further areas of minor surgery.
- Sustain and continue to work on improving areas identified for improvement from the national GP patient survey responses.
- Continue to identify carers in order to provide further support where needed.
- Continue with the planned programme of regular practice meetings to support shared learning and team working as a whole practice.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There were systems in place for reporting incidents, as well as comments and complaints received from patients.
- Most recently, staff shared learning by reflecting on significant events and complaints informally and in monthly clinical meetings where attendance was mostly by the practice manager and GPs. Members of the management team had reintroduce a programme of team meetings for the whole practice to attend where possible and we saw records of a monthly meeting schedule which had been developed to support this.
- During our inspection we found that there was no evidence of legal patient specific directives (PSDs) in place for medicines to be supplied or administered (such as flu vaccinations) to patients by the health care assistant. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- The practice held stocks of a controlled drug (medicines that require extra checks and special storage because of their potential misuse). There were procedures in place to manage the controlled drug safely.
- We found that although the practice reviewed patients who frequently attended A&E, this was done on an adhoc basis and there was no systematic process in place to support this. Furthermore the practice did not frequently review child attendances at the local Accident and Emergency (A&E) departments.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- We saw evidence of some completed clinical audits in place which had been repeated to monitor quality and to make improvements. During our inspection we noted that the

# Summary of findings

practice had not audited their minor surgery service. Following our inspection the practice submitted records demonstrating that they had audited aspects of the minor surgery service such as fitting and removing contraceptive implants.

- We saw that vulnerable patients were discussed and reviewed regularly as part of the practices multidisciplinary team meetings.
- Practice data highlighted that patients were not always up to date with their medication reviews. Staff we spoke with explained that patients were regularly called in for reviews but that sometimes the practice experienced high levels of DNAs (missed appointments). However, we saw that the practice was working with their patient participation group (PPG) to improve this.
- The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening.

## Are services caring?

The practice is rated as good for providing caring services.

- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect. Patients we spoke with during our inspection told us they were satisfied with the care provided by the practice. Completed comment cards and patients said their dignity and privacy was respected and staff were described as friendly, caring and helpful.
- The practice's computer system alerted GPs if a patient was also a carer and 1% of the practices list had been identified as carers. The practice had implemented some measures to try to identify more carers and to offer them support; this included a carer's board to encourage carers to seek support from the practice and to notify them if they care for someone.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. Some of the feedback we received from patients and completed comment cards commented on how the practice team had been supportive through times of bereavement.
- The practice supported patients by referring them to a number of support groups, onsite counselling services and further support organisations. The practice also worked with the local

Good



# Summary of findings

Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice shared examples where patients had been referred to the scheme and experienced positive outcomes as a result.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of services to patients including a cryotherapy clinic where patients could book appointments for cryotherapy treatment.
- Patients could access appointments and services in a way and at a time that suited them. There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- To meet appointment demand during peak periods, the practice operated open clinics each Monday where patients could ring on the day for an appointment and no pre-bookable appointments were booked for Mondays.
- There were also urgent access appointments available for children and those with serious medical conditions; these were available throughout the week. Evening appointments were also available on Mondays between 6:30pm and 8:30pm.
- Results from the national GP patient survey published in July 2016 highlighted poor responses regarding access. This was also noted in some of the completed comment cards and mentioned by some patients during our inspection. We found that some measures had been implemented to improve this such as introducing open-clinics on a Monday. Additionally, the practice had purchased telephony monitoring software to enable them to monitor calls to ensure that rota's were suited to match peak demand.
- The practice had reviewed there clinical rotas to ensure that patients had better access to continuity of care with a GP of their choice, as a result locums were rarely used and patients we spoke with during our inspection commented on good continuity of care.

Good



## Are services well-led?

The practice is rated as good for being well-led.

Good



# Summary of findings

- In most areas we saw that that risks associated with safety, and infection control were continually monitored, effectively mitigated and well managed. We saw that policies and documented protocols were well organised and available as hard copies and also on the practices intranet.
- We saw that some audits had taken place to identify and drive improvements in the practice.
- The practices programme of meetings had recently lapsed and during our inspection the practice could not demonstrate how learning had been shared with practice nurses and non-clinical staff members since the last team meeting which took place in June 2016.
- Staff we spoke with described an open culture and staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff expressed that they worked closely as a team and communicated regularly on a daily basis but that they would benefit from having a formal programme of practice meetings as a whole team.
- Following our inspection we received assurance from the practice that the minutes of the previous practice meetings were circulated to staff, however we did not see evidence to reflect this on the day of our inspection.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients had a named GP and were offered a structured annual review to check that their health and medicines needs were being met.
- The practice had some systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at risk of admission to hospital and patients who had been discharged from hospital were also discussed on a fortnightly basis.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice offered a range of clinical services which included care for long term conditions.
- Performance for overall diabetes related indicators was 82%, compared to the CCG average of 86% and national average of 89%.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to assess and plan ongoing care and treatment for the practices patients with long term conditions.

### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- We found that although the practice reviewed patients who frequently attended A&E, this was done on an adhoc basis and



# Summary of findings

there was no systematic process in place to support this. Furthermore the practice did not frequently review child attendances at the local Accident and Emergency (A&E) departments.

- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 77% to 98% compared to the CCG averages which ranged from 74% to 98%.
- The practice's uptake for the cervical screening programme was 76%, compared to the CCG average of 77% and national averages of 81%.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- Patients could access appointments and services in a way and at a time that suited them.

Appointments could be booked over the telephone, face to face and online. Evening appointments were also available on Mondays between 6:30pm and 8:30pm to support working age patients.

- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. The practice's uptake for the cervical screening programme was 76%, compared to the CCG average of 78% and national averages of 81%.
- The practice offered the smoking cessation advice service, practice data highlighted that since April 2015 33 patients had been given smoking cessation advice and support, 20 (33%) had successfully stopped smoking.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- We saw that vulnerable patients were discussed and reviewed regularly as part of the practices multidisciplinary team meetings.

Good



# Summary of findings

- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. The practice shared examples where patients had been referred to the scheme and experienced positive outcomes as a result.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators was 83%, compared to the CCG and average of 74% and national average of 92%. QOF performance highlighted that appropriate diagnosis rates for patients identified with dementia were at 100%.
- We saw patients diagnosed with dementia and patients experiencing poor mental health were discussed and reviewed regularly as part of the practices multidisciplinary team meetings.
- The practice supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Good



# Summary of findings

## What people who use the service say

The practice received 112 responses from the national GP patient survey published in July 2016, 330 surveys were sent out; this was a response rate of 34%. The results showed the practice received mixed responses across areas of the survey. For example:

- 43% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 72% 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%.
- 76% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 72% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Service users completed 41 CQC comment cards. We spoke with seven patients on the day of our inspection including three members of the patient participation group (PPG). Patients we spoke with and completed comment cards gave positive feedback with regards to the care and treatment they received and some comments highlighted occasional difficulties making an appointment and regarding appointment waiting times.

## Areas for improvement

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

The areas where the provider must make improvements are:

- Ensure that national guidelines are adhered to support clinical staff when administering vaccinations, implement patient specific directions (PSDs) and ensure that records are well governed to reflect PSD requirements including review, specification and authorisation.
- Embed a systematic process to ensure that patient (including child) attendance at A&E is regularly reviewed and followed up where necessary.

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

The areas where the provider should make improvements are:

- Use audits to identify and drive improvements across wider areas such as infection control and further areas of minor surgery.
- Sustain and continue to work on improving areas identified for improvement from the national GP patient survey responses.
- Continue to identify carers in order to provide further support where needed.
- Continue with the planned programme of regular practice meetings to support shared learning and team working as a whole practice.

# The Greens Health Centre

## 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 and a nurse specialist adviser.

## Background to The Greens Health Centre

The Greens Health Centre is a long established practice located in the area of Dudley, in the West Midlands. There are approximately 7,640 patients of various ages registered at the practice. Based on data available from Public Health England, the levels of deprivation in the area served by The Greens Health Centre are below the national average, ranked at one out of 10, with 10 being the least deprived. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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.

The clinical team includes four GP partners (three male and one female), two practice nurses and a health care assistant with a dual role as assistant practice manager. The GP partners and practice manager form the management team and they are supported by a team of nine support staff who cover reception, secretarial and administration roles.

The practice is open between 8am and 6:30pm during weekdays. Appointments are available from 8:30am to 6:30pm. There is a GP on call between 8am and 8:30am. On

Mondays the practice operates an open clinic for patients to ring on the day for an appointment. The practice offers extended hours on Monday evenings between 6:30am and 8:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

## Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection on 10 November 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

# Are services safe?

## Our findings

### Safe track record and learning

There were systems in place to monitor safety and the practice used a range of information to identify risks and improve patient safety. Systems included effective processes for reporting incidents, patient safety alerts, comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process they followed when recording and reporting significant events.

The practice had records of six significant events that had occurred during the last 12 months. Significant event records were well organised, clearly documented and continually monitored. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded on identifying that incorrect cytology details were submitted to secondary care. The significant event detailed how this was done in error and noticed in ample time to correct the documentation error. As a learning point, staff were reminded on the importance of carefully documenting and checking information.

The practice manager explained that when a significant event occurred it was discussed with the GPs as soon as possible, as well as staff members involved; records of significant events confirmed this. Staff shared learning by reflecting on significant events and complaints during team meetings and in monthly clinical meetings. Staff explained that due to strains on resources, formal team meetings had not taken place for approximately five months and although we saw minutes of monthly clinical meetings, we noticed that attendance was usually by the GPs and the practice manager but not members of the nursing team. Therefore, the practice could not demonstrate how learning had been shared with practice nurses and non-clinical staff members since the last team meeting which took place in June 2016. Staff we spoke with however did explain that learning was shared informally and that the team communicated on a daily basis, as a close team. Following our inspection we also received assurance from the practice that the minutes of the previous practice meetings were circulated to staff, however we did not see evidence to reflect this on the day of our inspection.

Members of the management team also recognised the need to reintroduce a programme of team meetings for the whole practice to attend where possible and we saw records of a monthly meeting schedule which had been developed to support this.

Safety alerts were disseminated by the practice manager; we saw that records were kept to demonstrate action taken. We discussed examples of recent patient safety alerts and we saw examples of specific alerts that were appropriately disseminated, acted on and effectively embedded in the practice. Examples included an alert which prompted the practice to check a specific piece of emergency medical equipment to ensure it was safe to use and an alert which resulted in a review of the practices patients with diabetes for specific advice on insulin.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Two of the practices GPs were the lead members of staff for child and adult safeguarding. The GPs attended regular safeguarding meetings and provided reports where necessary for other agencies. The practice frequently engaged with the local health visitor on a weekly basis to discuss specific care needs for families and children.
- Staff we spoke with discussed examples of how they acted effectively when faced with a safeguarding concern, furthermore staff were able to describe the formal process followed in practice when recording and reporting safeguarding concerns. Practice staff had received the appropriate level of safeguarding training relevant to their role, including level three training for GPs.
- We also saw that specific questions relating to safeguarding were factored in to the practices set interview questions for use when recruiting new staff. Members of the management team explained that these had been incorporated to establish a level of understanding presented by interviewees, in the event that they were faced with safeguarding scenarios such as neglect and abuse.
- Notices were displayed to advise patients that a chaperone service was available if required. The

## Are services safe?

practices nurses and health care assistant would usually act as chaperones; most of the reception team had also been trained to act as chaperones if required. We saw that disclosure and barring (DBS) checks were in place for members of staff who chaperoned and all of them had received chaperone training. 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. Two additional members of the reception team were due to attend chaperone training in the near future, we saw that DBS checks were in place for these staff members and conversations with staff highlighted that the two receptionists were not currently carrying out any chaperone duties whilst they were awaiting training. Following our inspection the practice noted that online chaperone training had been completed by the two staff member and one of the staff members completed training on 4 December 2016. The practice was also scheduling a training date for the further staff member.

- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission and those patients who were at high risk of hospital admission were also discussed on a monthly basis during the practices multidisciplinary team (MDT) meetings. We found that although the practice reviewed patients who frequently attended A&E, this was done on an adhoc basis and there was no systematic process in place to support this. Furthermore the practice did not frequently review child attendances at the local Accident and Emergency (A&E) departments.
- Following our inspection the practice noted that they are working with pharmacy colleagues on developing and embedding a systematic approach to reviewing child attendances at A&E.
- We viewed five staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. Furthermore, we saw evidence to support that clinical staff had also received DBS checks.
- In January 2016, the practice changed their clinical rota to improve continuity of care and to give patients a choice of their preferred GP. As a result of this, the practice no longer needed to use locum GPs to offer support when the GPs were on leave from the practice and instead the GPs were able to work shifts to cover each other during any periods of annual leave or sickness. Staff confirmed that during the previous 12 months they had only needed to use a locum GP on one occasion due to a short notice emergency. The locum was sourced through a local agency with appropriate recruitment checks in place to support this.
- One of the practice nurses was the infection control lead, staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members. There was an infection prevention control protocol in place and we saw records of completed infection control audits. The last infection control audit took place in 2014, this was carried out by the Clinical Commissioning Group (CCG). Staff we spoke with advised that although infection control was maintained on a daily basis no formal audits had taken place since. Audit records highlighted that the practice had completed a number of actions identified on the infection control audit such as ensuring that clinical waste was clearly labelled.
- We observed the premises to be visibly clean and tidy. We saw completed cleaning records and cleaning specifications within the practice. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- We saw calibration records to ensure that clinical equipment was checked and working properly. We saw that the vaccination fridges were secure and that vaccinations were appropriately stored within the recommended temperature range. Records were kept to record and monitor temperatures in line with national guidance.
- The practice held stocks of a controlled drug (medicines that require extra checks and special storage because of



# Are services safe?

their potential misuse). There were procedures in place to manage the controlled drug safely, we noticed that some of the contents of the standard operating procedure were out of date.

- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was a system in place which included clear and detailed records to track and monitor the use of prescription pads used for home visits and for prescription stationery in printers.
- We saw evidence that the practice nurses had received appropriate training to administer vaccines. We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs). However during our inspection we did not see evidence of PGDs in place for specific travel vaccines such as Typhoid vaccinations and for Hepatitis A vaccinations. Shortly after the inspection we received evidence of the two PGDs; records reflected PGDs in line with national guidelines.

As part of our inspection we observed the systems in place to support health care assistants role when administering flu vaccinations:

- We found that there were no written instructions signed by a prescriber, for medicines to be supplied or administered (such as flu vaccinations) to patients by the health care assistant. There was also no evidence to confirm that the prescriber had assessed patients on an individual basis, with no evidence to support that the health care assistant had clear instruction to administer flu vaccinations to patients.
- Overall there was no evidence of legal patient specific directives (PSDs) in place. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Following our inspection the provider assured us that PSDs were in place to reflect the flu clinics and to support health care assistants role when administering flu vaccinations. The provider advised that these could not be located or found during our inspection, however no further evidence was submitted to the inspection team to support this during the overall inspection period.

## Monitoring risks to patients

- There were appointed safety leads in place who managed areas such as health and fire safety. There was a health and safety policy and we saw risk assessments covering fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We also saw records to show that regular fire alarm test and fire drills had taken place.
- The practice manager explained that risk was assessed on a daily basis to identify and manage general health and safety hazards such as trips, slips and falls however this was not formally recorded. Although we observed no health and safety hazards during our inspection there were no formal records in place to support how this risk was assessed and mitigated. Following our inspection the provider shared records demonstrating that a general health and safety audit was conducted the day after our inspection, this included an assessment of potential hazards and trips, slips and falls.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an effective rota system in place for all the different staffing groups to ensure that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

There was a system in all the treatment rooms which alerted staff to any emergency in the practice. 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 and most staff we spoke with were aware of how to access the plan.

The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency equipment was regularly checked to ensure it was fit for use. There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

### Management, monitoring and improving outcomes for people

Up until March 2016, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice was actively using the Dudley clinical commissioning groups long term condition framework which replaced QOF in April 2016 for Dudley practices who opted in to the local quality framework.

QOF results from 2015/16 were 94% of the total number of points available, with 5% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 92%, compared to the CCG average of 93% and national average of 97%.
- Performance for overall diabetes related indicators was 82%, compared to the CCG average of 86% and national average of 89%.
- Performance for mental health related indicators was 83%, compared to the CCG and average of 74% and national average of 92%.
- QOF performance highlighted that appropriate diagnosis rates for patients identified with dementia were at 100%, with an exception rate of 25%. We discussed this exception rate with members of the clinical team and staff we spoke with confirmed that

they followed the appropriate process for exception reporting; including exception report patients who refused to attend on at least three occasions within 12 months.

We saw that vulnerable patients were discussed and reviewed regularly as part of the practices multidisciplinary team meetings. This included patients with a learning disability, patients diagnosed with dementia and patients experiencing poor mental health. However, data provided by the practice highlighted that patients were not always up to date with their medication reviews. For example:

- There were 54 patients on the practices mental health register. Practice data highlighted that 58% of these patients received medication reviews within a 12 month period.
- There were 32 patients on the practices register for dementia. Practice data highlighted that 76% of these patients received medication reviews within a 12 month period.
- There were 40 patients registered at the practice with a learning disability. Practice data highlighted that 48% of these patients received medication reviews within a 12 month period.

Staff we spoke with highlighted that these patients were regularly called in for reviews but that sometimes the practice experienced high levels of DNAs (missed appointments). Additional data provided by the practice highlighted that between April and September 2016 they had experienced over 790 DNAs where patients across various population groups had not turned up for or cancelled appointments. The practice were working with their patient participation group (PPG) on promoting the importance of cancelling appointments when unable to attend, we saw that this was advertised through the practice newsletter and we spoke with three members of the PPG during our inspection who explained how they were educating patients in the waiting room on how to use the MJOG text messaging cancellation method to cancel appointments, in addition to telephone, face to face and online methods.

The practice worked closely with a group of pharmacists from the Clinical Commissioning Group (CCG). Three CCG pharmacists attended the practice each week and assisted the practice with medicine audits and monitored prescribing levels. National prescribing data showed that

# Are services effective?

## (for example, treatment is effective)

the practice was similar to the national average for medicines such as antibiotics and hypnotics. We saw records of prescribing audits where the pharmacist had reviewed antibiotic prescribing. We looked at records of the prescribing audit and found that the audit was carried out in December 2015 and had been repeated in August 2016 to complete the cycle. The audit highlighted how the practice was one of the highest prescribers of antibiotics in the area. The methodology and criteria of the audit included a review of practice prescribing data, a review at random of antibiotic prescriptions and a review of emergency antibiotic pack requests. Findings from the first cycle of the audit highlighted that prescribing rates were consistently above the CCG target (which was less than or equal to 1.170 items prescribed) and there was some variation in prescribing habits amongst the GPs. To improve this an action plan was implemented which included a range of recommendations such as the use of recognised prescribing tools, improving patient education by providing them with leaflets on antibiotics and displaying posters in the practice and continued monitoring of high risk and broad spectrum antibiotics. The repeated audit demonstrated that the practice had improved prescribing rates with 1.342 items prescribed; this was within the CCG target limit of 1.170 items. Furthermore, the audit highlighted that a total of 341 antibiotic leaflets had been given to patients.

Two of the practices GPs was trained to provide a minor surgery service. Staff we spoke with highlighted that the service was actively used, with approximately seven insertions and removals being completed each month. During our inspection we found that the practice had not audited this service and therefore we did not see any best practice audits to demonstrate success rates, comparable diagnosis and infection rates. Following our inspection the practice submitted records demonstrating that they had audited aspects of the minor surgery service such as fitting and removing contraceptive implants.

### Effective staffing

The clinical team had a mixture of enhanced skills and were trained to lead on areas such as minor surgery, chronic disease and long term condition management. The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening. Additionally, there

were plans in place to develop their non-clinical team further to enable them to share skills and to be able to support each other's roles during annual leave, sickness and for contingency planning. Although we saw evidence to support that the health care assistant was trained to administer flu vaccines, we found that the most recent training update they attended took place during September 2014. Staff we spoke with explained that they were not aware of any available training updates since.

Staff received regular reviews, appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses.

We saw the induction programme for newly appointed members of staff, this covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services; we saw minutes of MDT meetings to support this. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included regularly reviewing the practices palliative care patients and patients receiving end of life care.

### Consent to care and treatment

Patients' consent to care and treatment was sought 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

# Are services effective?

(for example, treatment is effective)

mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Practice data highlighted that since April 2015 33 patients had been given smoking cessation advice and support, 20 (33%) had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 77% to 98% compared to the CCG averages which ranged from 74% to 98%.
- The practice's uptake for the cervical screening programme was 76%, compared to the CCG average of 77% and national averages of 81%. The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Breast cancer screening rates were at 61% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 48% compared to the CCG and national averages of 57%. Staff we spoke with explained that they were trying to encourage patients to attend national screening programmes for bowel and breast cancer screening through general education during consultations and by providing them with resources such as screening information, links to websites and leaflets.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

During our inspection we saw that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone. Staff advised that a private area was available if patients wanted to discuss sensitive issues or appeared distressed.

The practice received mixed responses from the national GP patient's survey, published in July 2016. Results highlighted that practice performance was slightly below local and national averages for some aspects of care, for example:

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% 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%.
- 73% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 81% 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%.

We spoke with seven patients on the day of our inspection including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and

privacy was respected and staff were described as friendly, caring and helpful. We received 41 completed CQC comment cards, all of the cards described positive care and treatment.

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey highlighted that responses were below the local and national averages with regards to questions about patients involvement in planning and making decisions about their care and treatment, for example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Patients we spoke with during our inspection told us that that the GPs communicated effectively, taking time to explain care, treatment and medication options with them. We also noted that throughout the 41 completed CQC comment cards, patients commented positively with regards to the care and treatment provided by staff at the practice.

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer and there were 90 patients on the practices register for carers; this was 1% of the practice list. Members of the management team advised that identifying more carers was an area that the practice were working towards improving. The practice had implemented some measures to identify and support carers. For instance, the practice encouraged patients to let a member of the team know if they were a carer through patient registration forms, the practice website and through notices on the practices carers information board. Carers were supported by signposting them to services such as Carers Direct and NHS Choices for informative resources and specialist advice. The practice offered annual reviews and flu vaccinations for anyone who was a carer.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and patients were offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. The practice shared examples where patients had been referred to the scheme and experienced positive outcomes as a result:

- We listened to examples and saw case reviews where patients and carers were supported through onward referrals to sit in services sourced through the Alzheimer's Society.
- We read about how carers had been able to join carers groups and how experienced carers were able to offer their support to other carers.
- Through the Integrated Plus scheme, the practice had also supported young carers through working with young carer services and a local youth group.
- Vulnerable patients were successfully referred to a variety of health services such as the local falls service for falls assessments and to on-call opticians which enabled them to have assessments at home.
- Additionally we read cases where patients living in isolation were now engaging with others and socialising through befriending services and improving general health and well-being by being referred to specialist exercise classes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Appointments could be booked over the telephone, face to face and online. The practice offered text messaging reminders for appointments to remind patients of their appointments.
- To meet appointment demand during peak periods, the practice operated open clinics each Monday where patients could ring on the day for an appointment and no pre-bookable appointments were booked for Mondays. There were also urgent access appointments available for children and those with serious medical conditions; these were available throughout the week.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Evening appointments were also available on Mondays between 6:30pm and 8:30pm.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- There were disabled facilities, hearing loop and translation services available at the practice. Information was made available to patients in a variety of formats, online and also through easy to read paper formats.
- The practice offered a range of services to patients including a cryotherapy clinic where patients could book appointments for cryotherapy treatment.

### Access to the service

The practice was open between 8am and 6:30pm during weekdays. Appointments were available from 8:30am to 6:30pm. There was a GP on call between 8am and 8:30am. Pre-bookable appointments could be booked up to four weeks in advance but were not available for Mondays as

the practice operated an open clinic each Monday where patients could ring on the day for an appointment. The practice also offered extended hours on Monday evenings between 6:30am and 8:30pm.

Results from the national GP patient survey published in July 2016 highlighted poor responses regarding access:

- 43% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 54% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 43% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 36% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

We noticed that although the practice received positive comments regarding care and treatment through completed CQC comment cards, some cards highlighted that it was occasionally difficult to make an appointment and that patients were not kept informed when appointments were running late. Patients we spoke with during our inspection commented that occasionally appointments ran late but that this was often because clinicians ensured that patients had the time they needed during consultations, patients added that they never felt rushed by clinicians and that they communicated well with them.

Findings from the practice's internal patient survey carried out in July 2016 highlighted that 140 surveys were given to patients, 74 surveys were completed; this was a response rate of 50% and overall this represented 1% of the practices registered list. Results of the survey highlighted that only 10% of the survey respondents highlighted that they were seen on time when attending for an appointment. An action plan was developed in order to apply and monitor



# Are services responsive to people's needs?

(for example, to feedback?)

areas for improvement. We saw that appointment times were identified as a key area to improve. As a result, clinicians were reminded to ensure that appointments run to time.

Members of the management team discussed the survey's results during our inspection and staff explained that some measures had been implemented to improve access, for example:

- To meet appointment demand during peak periods, the practice operated open clinics each Monday where patients could ring on the day for an appointment and no pre-bookable appointments were booked for Mondays. There were also urgent access appointments available for children and those with serious medical conditions; these were available throughout the week.
- The practice had purchased telephony monitoring software to enable them to monitor calls to ensure that rota's were suited to match peak demand and also to support the practice when investigating complaints. We

saw that the software had been purchased and the practice was awaiting an installation date, with plans to have the software installed by the end of December 2016.

- The practice had reviewed their clinical rotas to ensure that patients had better access to continuity of care with a GP of their choice.

## Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements and that there was a designated responsible person who handled all complaints in the practice. We saw a summary of six complaints which were received between April 2016 and August 2016. This included verbal and written complaints. The complaints had been investigated, responded to and closed in a timely manner and responses demonstrated openness and transparency. The practice held a monthly clinical meeting where the GP partners and the practice manager reflected on complaints.

# 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 provide a high quality service to patients and to ensure that they provided a safe and patient centered service. We spoke with six members of staff during our inspection, all of which spoke positively about working at the practice. Staff we spoke with demonstrated a commitment to providing a high quality service to patients.

### Governance arrangements

There was a clear staffing structure in place, staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control, health and fire safety and human resources. In some areas we saw that that risks associated with safety were continually monitored, effectively mitigated and well managed. However, in other areas governance arrangements were not as effective for example:

- The practices programme of meetings had recently lapsed and the practice could not demonstrate how learning had been shared with practice nurses and non-clinical staff members since the last team meeting which took place in June 2016. Staff we spoke with however did explain that learning was shared informally and that the team communicated on a daily basis, as a close team. Following our inspection we also received assurance from the practice that the minutes of the previous practice meetings were circulated to staff, however we did not see evidence to reflect this on the day of our inspection.
- We saw that policies and documented protocols were well organised and available as hard copies and also on the practices intranet.
- We saw that some audits had taken place to identify and drive improvements in the practice.
- We saw comprehensive risk assessments in place where risks associated with areas such as fire and infection control were assessed and well managed.
- During our inspection we noted that there were no formal risk assessments in place to support the general health and safety of the premises. Following our inspection the provider shared records demonstrating

that a general health and safety audit was conducted the day after our inspection, this included an assessment of potential hazards and trips, slips and falls.

### Leadership, openness and transparency

The four GP partners and the practice manager formed the management team at the practice. The clinical team included two practice nurses and a health care assistant who had a dual role as assistant practice manager also. The practice was supported by a non-clinical team of nine staff members who covered reception, administration and secretarial duties.

Staff we spoke with described an open culture and staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff expressed that they worked closely as a team and communicated regularly on a daily basis but that they would benefit from having a formal programme of practice meetings as a whole team.

The practice engaged with other practices through attending external meetings and educational events. For example, GPs attended local education events and the practice manager often engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

In April 2016 the practice reinstated their patient participation group (PPG). We spoke with three members of the PPG as part of our inspection. The PPG members explained that previously there was a PPG which influenced improvements at the practice, however for various reasons the group had become inactive. The PPG and staff we spoke with explained how the practice manager decided to write to patients during the spring to recruit PPG members and to get the group back up and running. Six members had joined the group since April and the practice was actively trying to recruit more members. We saw that this was being supported by the PPG, through the development of a practice newsletter which was



# Are services well-led?

Good 

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

launched in the Autumn of 2016. We also saw notices in the waiting room and a PPG information board for patients to get more information about the group and how to become a member.

The PPG met every month; members explained how they were planning on alternating the meetings between mornings to evenings to accommodate for those with varying schedules, working patterns and general

preferences. The PPG members spoke of future plans for the group. These included plans to host a health education event on CPR, holding awareness days in the waiting room to coach patients on how to book appointments online, working on a new practice handbook and the group was also in the early stages of sharing ideas for a PPG section on the practice website.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The practice did not adhere to national guidelines to support specific clinical staff when administering vaccinations.</b>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  <b>The practice did not always operate an effective system to identify abuse of service users. For example, the practice did not operate a systematic process to ensure that patients (including children) were regularly reviewed and followed up after attending A&amp;E.</b>