

Dr Prosanta Kumar Sarkar

Quality Report

Bath Street Medical Centre

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bath Street Medical Centre on 24 November 2015 and an unannounced follow up inspection on 26 November 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, our review of specific minor surgery procedures carried out by one of the GPs highlighted that patients were at risk of harm because the GP was not following the current referral guidelines.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we found that some significant events had not been recorded and that the practice could not demonstrate a safe track record of incidents over time.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements.
- There were systems in place for repeat prescribing and a system in place for the prescribing of high risk medicines. However, some records we viewed highlighted that medication reviews had not taken place within the relevant 12 month period.
- Patients we spoke with on the day of our inspection were positive about their interactions with staff and said they were treated with compassion and dignity.
- Data showed that patients rated the practice lower than others for some aspects of care and appointment waiting times.
- The practice had a number of policies and procedures to govern activity. However, we found that governance arrangements were not always robust.

Summary of findings

- Prescription pads used for home visits were stored securely however the practice did not have a system in place to track and monitor their use.
- We did not see evidence to support that staff were up to date with some of the immunisations recommended for staff who work in general practice.

The areas where the provider must make improvements are:

During our inspection on 24 November 2015 we identified a number of cases where a GP had not followed current guidelines in relation to referrals for suspected melanoma. The Care Quality Commission contacted the GP in question on 27 November 2015 to request that the GP stopped performing minor surgery as a matter of urgency. The GP in question confirmed in writing that they would stop providing minor surgery from 27 November 2015 and that another GP in the practice would perform this service when required.

- The provider must ensure that they continue to comply with this arrangement.
- The provider must ensure systems are in place so that all clinicians are kept up to date with national guidance and guidelines.
- The provider must carry out clinical audits including re-audits to ensure improvements have been identified and achieved and improve governance arrangements including systems for recording, assessing and mitigating risks across the practice.
- The provider must ensure processes are robust for reporting and managing significant events, incidents and near misses, ensure all events are recorded.
- The provider must improve recall and review systems to ensure patient care, treatment and medication are regularly reviewed.

- The provider must ensure the use of prescriptions used during home visits are clearly tracked and monitored.

The areas where the provider should make improvement are:

- Address areas for improvement highlighted through patient feedback such as national survey results.
- Improve minutes of meetings to clearly document discussions which take place and record and review actions required.
- Ensure staff are up to date with relevant routine immunisations.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- There was a system in place for reporting and recording significant events. We found that while staff understood and fulfilled their responsibilities to raise concerns, the system in place for reporting significant events was not robust. Some significant events had not been recorded and that the practice could not demonstrate a safe track record of incidents over time.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements.
- Our review of specific minor surgery procedures carried out by one of the GPs highlighted that patients were at risk of harm because the GP was not following the current guidelines in relation to referrals for suspected melanoma.
- There were systems in place for repeat prescribing and a system in place for the prescribing of high risk medicines. However, some records we viewed highlighted that medication reviews had not taken place within the relevant 12 month period.
- Prescription pads were used for home visits, these were stored securely however the practice did not have a system in place to track and monitor their use.
- The practice had not assessed the risk in the absence of emergency medicines for patients with low blood sugar or low blood glucose (hypoglycaemia) and for patients who have pro-longed or repeated seizures in practice. Since the inspection the practice confirmed that the relevant medication was ordered and that they were delivered to the practice on 30 November 2015.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- Conversations with some members of the clinical team demonstrated that patient's needs were assessed and that care was delivered in line with relevant and current evidence based

Inadequate



Summary of findings

guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, we found that this was not reflected across all areas of GP care, such as minor surgery.

- Patient outcomes were hard to identify as little reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example, the practice's uptake for the cervical screening programme was 67%, compared to the national average of 81%.
- All staff had had an appraisal within the last 12 months. The GPs were up to date with their yearly continuing professional development requirements, with the exception of minor surgery training for one of the GPs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice lower than others for some aspects of care. For example, 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92% and 78% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.
- On the day of our inspection patients we spoke with said they were treated with compassion, dignity and respect.
- While the practice had identified 1% of the practice list as carers, staff could not provide examples of any written information available to direct carers to the various avenues of support available to them and we could not see any information on display in the practice to signpost people on how to access further support.

Good



Are services responsive to people's needs?

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

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Data showed that patients rated the practice lower than others for some aspects of care. For example, 33% of patients usually

Requires improvement



Summary of findings

waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65% and 38% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- The practice had not developed an action plan to address the areas for improvement identified in the national GP patient survey.
- Feedback from patients reported that access to a named GP and continuity of care was always available.
- Instead of providing in-hours GP care, patients were advised to attend the walk in centre or access the NHS 111 service when the practice was closed on a Thursday afternoon.

Are services well-led?

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

- The management team explained that the overall aim of the practice was to deliver high quality care to patients and to maintain a skilled practice team who can deliver effective care to patients.
- The practice had a number of policies and procedures to govern activity. However, we found that governance arrangements were not always robust.
- Risk assessments contained gaps in the record keeping.
- The minutes of meetings contained limited information and did not demonstrate continuous improvement. Actions were not documented and did not demonstrate that the practice continued to evaluate and improve the service.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.

Inadequate



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 inadequate for the care of older people.

- The practice is rated as inadequate for providing safe and effective services and improvements must be made, this affects all six population groups.
- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines.
- Patient outcomes were hard to identify as little reference was made to quality improvement. For example, we saw that an incomplete audit identified a number of patients were at risk of fall however the practice had not followed this up and could not demonstrate that they had placed any focus on this area.
- Flu vaccination rates for the over 65s was 77%, compared to the national average of 73%.
- The practice offered home visits and longer appointments for those with enhanced needs.

Inadequate



People with long term conditions

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

- The practice is rated as inadequate for providing safe and effective services and improvements must be made, this affects all six population groups.
- Performance for overall diabetes related indicators was 91% which was above the CCG average of 88% and national average of 87%.
- Nursing staff had lead roles in chronic disease management.
- Structured annual reviews were not regularly undertaken to check that patients' health and care needs were being met.

Inadequate



Families, children and young people

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

- The practice is rated as inadequate for providing safe and effective services and improvements must be made, this affects all six population groups.
- Patients told us that children and young people were treated in an age-appropriate way

Inadequate



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisation rates for under two year olds ranged from 88% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds were at 100% compared to the CCG averages which ranged from 93% to 98%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The practice is rated as inadequate for providing safe and effective services and improvements must be made, this affects all six population groups.
- Data showed that patients rated the practice lower than others for some aspects of care. The results from the national GP survey highlighted that appointment waiting times were long and that 67% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- The practice was proactive in offering online services.
- The practice's uptake for the cervical screening programme was 67%, compared to the national average of 81%.

Inadequate



People whose circumstances may make them vulnerable

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

- The practice is rated as inadequate for providing safe and effective services and improvements must be made, this affects all six population groups.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. However, we found that the minutes to support these meetings were brief and did not contain sufficient information to show that vulnerable patients and patients with complex needs were regularly discussed.

Inadequate



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and how to contact relevant agencies in normal working hours and out of hours.
- It had told vulnerable patients about how to access various support groups such as and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. However, staff could not provide examples of any written information available to direct carers to the various avenues of support available to them.

People experiencing poor mental health (including people with dementia)

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

- The practice is rated as inadequate for providing safe and effective services and improvements must be made, this affects all six population groups.
- Performance for mental health related indicators was 46% compared to the CCG average of 93% and national average of 92% and the dementia diagnosis rate was 76% compared to the CCG average of 95% and national average of 94%.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice worked with a mental health gateway worker from the local mental health trust who provided counselling services on a weekly basis in the practice. The practice also referred patients to the community psychiatric nurse (CPN) worker who attended the practice on a weekly basis.

Inadequate



Summary of findings

What people who use the service say

The practice received 103 responses from the national GP patient survey published in July 2015, this was a response rate of 23%. The results showed the practice was performing in line or above local and national averages in the following areas:

- 81% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.
- 75% of patients with a preferred GP usually saw or spoke to that GP compared with the CCG average of 58% and national average of 60%.
- 92% of patients said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

However, the practice was performing below local and national average in the following areas:

- 33% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 38% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.
- 78% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 completed comment cards which were positive about the standard of care received. Comments described the service as good and staff were described as helpful, polite and caring. We also spoke with eight patients on the day of our inspection. They told us that overall they were satisfied with the care provided by the practice.

Areas for improvement

Action the service MUST take to improve

During our inspection on 24 November 2015 we identified a number of cases where a GP had not followed current guidelines in relation to referrals for suspected melanoma. The Care Quality Commission contacted the GP in question on 27 November 2015 to request that the GP stopped performing minor surgery as a matter of urgency. The GP in question confirmed in writing that they would stop providing minor surgery from 27 November 2015 and that another GP in the practice would perform this service when required.

- The provider must ensure that they continue to comply with this arrangement.
- The provider must ensure systems are in place so that all clinicians are kept up to date with national guidance and guidelines.

- The provider must carry out clinical audits including re-audits to ensure improvements have been identified and achieved and improve governance arrangements including systems for recording, assessing and mitigating risks across the practice.
- The provider must ensure processes are robust for reporting and managing significant events, incidents and near misses, ensure all events are recorded.
- The provider must improve recall and review systems to ensure patient care, treatment and medication are regularly reviewed.
- The provider must ensure the use of prescriptions used during home visits are clearly tracked and monitored.

Summary of findings

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Address areas for improvement highlighted through patient feedback such as national survey results.
- Improve minutes of meetings to clearly document discussions which take place and record and review actions required.
- Ensure staff are up to date with relevant routine immunisations.

Dr Prosanta Kumar Sarkar

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 advisor and a practice nurse specialist advisor.

Background to Dr Prosanta Kumar Sarkar

Bath Street Medical Centre is a long established practice located in the Kingswinford area of Dudley. There are approximately 2700 patients of various ages registered and cared for at the practice. 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.

At the point of our inspection the clinical team was led by a single handed GP. The team included a salaried GP and a long term locum GP. The principle GP has since retired and the practice now has a new lead GP in place who transitioned from a salaried GP at Bath Street Medical Centre. The clinical team includes a long term locum GP and the practice nurse team consists of a nurse practitioner and a practice nurse. The lead GP and the practice manager form the practice management team and they are supported by a team of four receptionists and an administrator.

The practice is open between 8am and 8pm on Mondays when extended hours operate from 6:30pm to 8pm. On Tuesdays, Wednesdays and Fridays the practice is open from 8am to 6:30pm. The practice is open between 8am and 1pm on Thursdays.

Staff we spoke with on the day of our inspection confirmed that a GP is on call between 1pm and 6:30pm on Thursdays and patients are given a mobile number to call to access the GP on call. However, we found that patients were advised to attend the walk in centre or access the NHS 111 service when we discussed the process during our follow up inspection on the 26 November 2015.

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 carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

Detailed findings

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:

- 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 24 November 2015 and an unannounced follow up inspection on 26 November 2015.
- 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 carried out an announced inspection on 24 November 2015 and an unannounced follow up inspection on 26 November 2015. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

During our inspection on 24 November 2015 we identified a number of cases where a GP had not followed current guidelines in relation to referrals for suspected melanoma. We returned to the practice on 26 November 2015 where we carried out an unannounced follow up visit to place further focus on the practice's minor surgery.

The Care Quality Commission contacted the GP in question on 27 November 2015 where they volunteered to stop performing minor surgery with immediate effect. Another GP in the practice would perform this service when required.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We saw that there was a reporting form available on the practice's computer system. Staff we spoke with told us that they would inform the practice manager of any incidents and staff were able to demonstrate that they knew how to access the reporting form.

The practice had recorded one significant event in the last 12 months. Staff told us that significant events and incidents rarely occurred in the practice. However, during our inspection we found that other incidents had occurred during the last 12 months including two occasions when the practice had no electricity due to a power cut. Members of the management team told us that one of the power cuts had occurred at the beginning of the year, and that they had no electricity for a few hours. The practice had not identified these as significant events and therefore these were not recorded. We reviewed the staff meeting minutes from January and March 2015. We found that these events were not included in the minutes to demonstrate a reflection of the events and that learning was shared with the practice team.

We viewed the record of the one significant event recorded by the practice. We saw that the practice had completed a root cause analysis and had liaised with other organisations including the local safeguarding team and the local clinical commissioning group (CCG) as part of an investigation. A new protocol had been developed as part of the learning process in relation to the significant event. We saw minutes of a staff meeting noting that the significant event was discussed with staff however the details of the discussion was not documented.

An incident book was available behind reception. Staff we spoke with said the book was previously used to record incidents. However, we found that the pages had been removed and therefore the book contained no historical information to demonstrate a safe track record of incidents over time.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible

to all staff which outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Most staff were able to identify who the practice lead was for safeguarding, we were advised that the lead was one of the GPs. However, discussions with the one of the GPs demonstrated that they were unaware of a specific safeguarding lead at the practice.

Notices were displayed advising patients that a chaperone service was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).

We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had an infection control policy. The policy contained information on the immunisation of practice staff which reflected national guidelines. We saw evidence of Hepatitis B immunisation for practice staff. However we did not see evidence to support that staff were up to date with other immunisations such as measles, mumps and rubella (MMR) and the varicella vaccine; for those who have not had a definite history of chickenpox or shingles.

An infection control audit had not been carried out since January 2014. No areas for improvement were identified or recorded on this audit. We saw cleaning schedules and records to support that required cleaning of the practice took place. Members of the nursing team confirmed that medical equipment was cleaned before and after use and we saw cleaning records were kept to evidence this. The practice had a mercury sphygmomanometer in one of the treatment rooms. This is a device used to measure blood pressure. The practice did not have the specific spill kit required to deal with mercury spills however the staff we spoke with assured us that they no longer used this equipment. During our follow up visit on the 26 November 2015 the practice manager explained that the clinical team

Are services safe?

had discussed the equipment and were making arrangements to have it appropriately removed. The practice have since confirmed that this has been removed from the practice.

The practice used an electronic prescribing system. There were systems in place for repeat prescribing and a system in place for the prescribing of high risk medicines. However, some records we viewed pertaining to patients with long term conditions highlighted that medication reviews had not taken place within a 12 month period. Discussions with patients and stakeholders also demonstrated that occasionally prescription errors were made in the practice. Conversations highlighted that whilst the practice acted promptly to correct the errors, some patients found that errors were made with their medication dosage and on separate occasions patients commented that they sometimes had to wait a long time to receive a repeat prescription. The review of the practice's significant event system also highlighted that the incidents relating to the medication errors were not recorded.

Prescription pads were used for home visits, these were stored securely however the practice did not have a system in place to track and monitor their use.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a week. The pharmacist assisted the practice with medicine audits, discussed safety alerts and monitored their use of antibiotics to ensure they were not overprescribing.

The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Up-to-date copies of some PGDs were readily available when we requested them, however we found that PGDs for travel vaccines were not available until the end of the inspection and therefore not easily accessible to the practice nurses. We saw evidence that the practice nurses had received appropriate training to administer vaccines. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. The vaccination fridges were well ventilated and secure.

We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster behind reception. We saw that staff completed weekly health and safety checks, records were shared to reflect the months of September, October and November 2015.

The practice had risk assessments in place, however record keeping was not always clear to demonstrate that risk was mitigated and monitored well enough.

- The practice shared a fire safety review which was completed in November 2015. Details of the review highlighted a number of areas that had not been completed on the document such as assessing the escape routes in the event of a fire. Discussions with staff and records demonstrated that fire alarm tests and fire drills had taken place.
- We saw that actions were identified in relation to the legionella risk assessment which was carried out in August 2014. The practice manager told us that some of the actions such as flushing of the water systems were completed weekly, however the templates in the legionella risk assessment folder were not completed to support this.
- The practice had completed a risk assessment for the control of substances hazardous to health.

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 that enough staff were on duty. The practice used a regular locum GP to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for the locum GP.

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice had 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We found that the oxygen cylinder was larger than the standard size used in general practice. During our feedback meeting at the end of the inspection we discussed this with the management team because the size and weight of the cylinder could pose potential risk to those trying to lift or manoeuvre it in the event of a person requiring oxygen in another area of the practice. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use however the practice had not assessed the risk in the absence of medicines for patients with low blood sugar or low blood glucose (hypoglycaemia) and for patients who have pro-longed or repeated seizures in practice. We found that there was no risk assessment in place on our follow up visit on 26 November 2015. Since the inspection the practice confirmed that the relevant medication was ordered and that they were delivered to the practice on 30 November 2015.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Conversations with some members of the clinical team demonstrated that patient's needs were assessed and that 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.

However, we found that this was not reflected across all areas of GP care. During our inspection on 24 November 2015 we identified a number of cases where a GP had not followed current guidelines in relation to referrals for suspected melanoma. We returned to the practice on 26 November 2015 where we carried out an unannounced follow up visit to place further focus on the practices minor surgery. During this visit we looked at a random selection of patient's medical records specific to minor surgery. On doing this we found that the entries made on the clinical system by the GP in question were not always clear. The GPs record keeping did not contain sufficient information to support some of the decisions made in consultations and also when performing minor surgery. Specifically, we found that the record keeping by the GP did not reflect that an adequate assessment of the patient's condition had been made and that guidelines were not adhered to. The Care Quality Commission contacted the GP in question on 27 November 2015 where they volunteered to stop performing minor surgery with immediate effect. Another GP in the practice would perform this service when required.

Management, monitoring and improving outcomes for people

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. Current results from 2014/15 were 88% of the total number of points available, compared to the CCG average of 94%. The practices exception reporting rates were 10%, compared to the CCG

average of 8%. 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 100%, with an exception rate of 0%. However, the practices performance for mental health related indicators was 46% compared to the CCG average of 93% and national average of 92%. Staff we spoke with advised that they had recently had a slight increase in patients who were residents at a local rehabilitation service. Members of the management team advised that they had were working on improving their mental health related performance through new patient checks and that they felt this would improve over time.
- The dementia diagnosis rate was 76% compared to the CCG average of 95% and national average of 94%. The practice shared a report with us during our inspection, the report highlighted that the practice had six registered patients with a diagnosis of dementia. The GPs we spoke with during our inspection felt that the low figure was due to the system coding problems at the practice and that figures would improve with the progress of a coding clean-up project they had started (coding for every contact counts).
- Performance for overall diabetes related indicators was 91% which was above the CCG average of 88% and national average of 87%. The practice completed a presentation at the beginning of the inspection. During the presentation the practice manager explained how they had appointed a nurse practitioner with a specialist background in diabetes care to help with their QOF performance from the previous year. The practice had made improvements since 2013/14 where they achieved 70% for their diabetes related indicators.

The practice could not demonstrate that they had carried out any full cycle clinical audits.

National prescribing data showed that the practice was lower than the national average for prescribing of hypnotic medicines such as Benzodiazepines. We saw that a clinical audit was carried out on the prescribing of Benzodiazepines. We found that the audit was not a completed full cycle audit, the GP we spoke with explained that the audit was due to be repeated, however the audit

Are services effective?

(for example, treatment is effective)

we reviewed was not dated. The audit had identified a number of patients who were at risk of falls. We found that the audit did not detail any overall aims or actions and the details of the audit did not demonstrate any further focus or action for those patients identified at risk of falls.

The practice shared two minor surgery reviews where reviews had been completed to assess post-surgery infection rates. The review for 2014 highlighted that none of the 183 minor surgical procedures had post-surgery infections. The review for 1 January 2015 to 30 October 2015 highlighted that none of the 186 minor surgical procedures had post-surgery infections. On both reviews, post-surgical infections were defined as an infection occurring within two weeks of surgery. On viewing this we also found that a GP had completed 80 level two minor surgery excisions on patients in 2014 and a further 80 were performed between 1 January 2015 to 30 October 2015. These included excisions requiring biopsy such as moles and lesions with suspected melanoma. This demonstrated that the GP was not following the current guidelines in relation to referrals for suspected melanoma

Effective staffing

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff received ongoing training that included: safeguarding, fire safety awareness and basic life support. In addition to in-house training, staff made use of e-learning training modules. Staff had the option to complete e-learning modules during protected learning time or at home, staff could take time back for time spent on e-learning modules at home.

All staff had had an appraisal within the last 12 months. We found that not all of the GPs were up to date with their yearly continuing professional development requirements, such as minor surgery training for one of the GPs. The GPs had been revalidated (every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw evidence of role-specific training and updates for other staff members including training for the

nurses administering vaccinations and taking samples for the cervical screening programme. One of the GPs we spoke with told us that they regularly attended training and education events and that they were also a member of the British Medical Acupuncture Society (BMAS), as they offered acupuncture to patients as an alternative form of pain management.

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.

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. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings took place, with regular representation from a wide range of health and social care services including district nurses and social services. We saw minutes of meetings to support that joint working took place. However, we found that the minutes were brief and did not contain sufficient information to show that vulnerable patients and patients with complex needs were regularly discussed.

Consent to care and treatment

Patients' consent to care and treatment was always 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 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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 67%, compared to the national average of 81%. The practice nurses were unable to explain why the cervical screening uptake figure was lower than average however they advised that they are working on improving this through continued use of telephone reminders and working through systems of calling patients in for screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice offered a walk in and wait service for childhood immunisation rates. Staff we spoke with explained that this worked well and contributed towards their high immunisation rates:

- Childhood immunisation rates for under two year olds ranged from 88% to 100% compared to the CCG averages which ranged from 40% to 100%.
- Immunisation rates for five year olds were at 100% compared to the CCG averages which ranged from 93% to 98%.

Flu vaccination rates for the over 65s was 77%, compared to the national average of 73%. Data available on the day of our inspection highlighted that flu vaccinations for those patients in the at risk groups was 46%, compared to the national average of 52%. However, the practice provided updated figures shortly after the inspection to show that this figure had increased to 64%.

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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed during the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

- Curtains and screens 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 and that conversations taking place in these rooms could not be overheard. However, feedback from a patient highlighted that patient consultations had been heard in the waiting room on previous occasions due to problems with an old tannoy system in one of the consultation rooms.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 25 CQC comment cards, all of the cards contained positive comments about the service experienced. Comments described the service as good and staff were described as helpful, polite and caring. We also spoke with eight patients on the day of our inspection. They told us that overall they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We also spoke with a member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in July 2015 showed that in some areas, patients felt they were treated with compassion, dignity and respect. For example:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

However, the practice was performing below local and national average in the following areas:

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.
- 78% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.
- 86% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey published in July 2015 showed that:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

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. While the practice had identified 1% of the practice list as carers, staff could not provide examples of any written information available to direct carers to the various avenues of support available to them and we could not see any information on display in the practice to signpost people on how to access further support.

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

The practice also supported patients by referring them to a gateway worker from the local mental health trust who

Are services caring?

provided counselling services on a weekly basis in the practice. The practice also referred patients to the community psychiatric nurse (CPN) worker who attended the practice on a weekly basis.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a local scheme to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice had started to identify patients who may be living in isolation, patients who may feel lonely and patients who would benefit from additional support from the GPs and through the Integrated Plus scheme. The practice shared a list of four patients who had been signposted to the scheme. These cases related to patients who were living in isolated circumstances. Staff we spoke with explained that some of these patients had improved in confidence and that their circumstances were improving through the help of social services and the voluntary sector.

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and patients who would benefit from these.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice also operated a walk in clinic for childhood vaccinations.
- There were disabled facilities and translation services available. The GPs could also speak other languages including Punjabi, Bengali and Hindi. Staff we spoke with said that the hearing loop required fixing. One of the nurses was also trained to carry out basic sign language.
- Appointments could be made in the practice, over the phone and online. There was a text messaging appointment reminder service available and the practice also used an electronic prescription service.

Access to the service

The practice offered extended hours on a Monday evening when the practice was open between 8am to 8pm. On

Tuesdays, Wednesdays and Fridays the practice was open from 8am to 6:30pm. The practice was open between 8am and 1pm on Thursdays. During our inspection on 24 November 2015 staff explained us that a GP was on call between 1pm and 6:30pm and that patients were given a mobile number to call in order to see the GP on duty if required. However, we found that patients were advised to attend the walk in centre or access the NHS 111 service when we discussed the process during our follow up inspection on the 26 November 2015. In addition to pre-bookable appointments that could be booked up to 3 months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed mixed responses regarding access to care and treatment.

- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.

However, the practice was performing below local and national average in the following areas:

- 70% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 67% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 33% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 38% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

We discussed the results from the national GP patient survey with members of the management team on the day of our inspection. The practice had not developed an action plan to address the areas for improvement identified in the national GP patient survey however the practice manager acknowledged that a plan of action would help to address the areas that required improving.

Listening and learning from concerns and complaints

The practice had systems in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had a complaints policy in place and the practice leaflet also informed patients on how to make a complaint.
- There was a designated responsible person who handled all complaints in the practice. Complaints were handled in line with recognised guidance and contractual obligations for GPs in England. However, the complaints information did not reflect contractual obligations. For example, the information documented in the practice leaflet signposted patients to the Dudley Primary Care Trust if they were unhappy with the response provided by the practice. The practice manager assured us that this would be updated to reflect the current process.

During our inspection we looked at a total of five complaints that had occurred within the last 12 months. We found that the five complaints had been satisfactorily handle and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care, actions included registration training for receptionists and reminders to staff to carefully check demographic details when booking patients in for appointments. We saw that the complaints were discussed and documented in the staff meeting minutes.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a documented vision and strategy however the management team explained that the overall aim of the practice was to deliver high quality care to patients and to maintain a skilled practice team who can deliver effective care to patients.

Governance arrangements

The practice had a number of policies which were available to all staff and saved in labelled files on the practices computer desktops. The practice manager kept a log to ensure policies were up to date continued to reflect national guidance. However, we found that governance arrangement were not always robust. For example:

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Actions in relation to fire and legionella risk assessments were not documented as completed. Therefore, the practice could not demonstrate that they had mitigated risk relating to the health, safety and welfare of service users.
- We found that minutes of various practice meetings were brief and did not include actions. For example, we could not see what discussions took place (other than complaints) in the minutes of the staff meeting.

- The minutes of meetings contained limited information and did not demonstrate continuous improvement. Actions were not documented and did not demonstrate that the practice continued to evaluate and improve the service.

Leadership, openness and transparency

There was a clear staffing structure and staff were aware of their own roles and responsibilities.

The GP and the practice manager formed the management team at the practice. We spoke with eight members of staff who spoke positively about working at the practice. Staff we spoke with on the day of our inspection said they felt valued, supported and that they felt involved in the practices plans. The practice manager explained that in addition to the monthly practice meetings, weekly informal meetings took place in the practice to catch up and informally discuss updates with staff. The GPs were also given a 15 minute slot at the end of the clinics to discuss patient care and complete admin tasks.

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

The practice's patient participation group (PPG) consisted of several members. We spoke with a member of the PPG on the day of our inspection. The PPG member explained that the PPG met every three months at the practice. The practice shared a PPG report which outlined some of the improvements implemented in the practice which were supported by the PPG. For example, improving telephone access by increasing the number of telephone lines from two to four.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Our review of specific minor surgery procedures carried out by one of the GPs highlighted that the GP did not consult nationally recognised guidance and implement this as appropriate.</p> <p>The provider did not have records in place to demonstrate that all staff worked within the scope of their qualifications, specifically in relation to minor surgery for one of the GPs.</p> <p>The risk assessments relating to health, safety and welfare of people using services were not always complete.</p> <p>Our review of records highlighted that patients medication reviews were not always completed.</p> <p>Incidents that affect the health, safety and welfare of people using services had not always been recorded and the practice could not demonstrate a safe track record of incidents over time.</p> <p>The practice did not have a system in place to track and monitor the use of prescription pads used for home visits.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The governance arrangement were not robust. Regular audits of the service were not carried out to assess, monitor and improve the quality and safety of the service. Patient outcomes were hard to identify as little or no reference was made to audits and quality improvement.</p>