

# Pennfields Health Centre

## Quality Report

Upper Zoar Street  
Wolverhampton  
West Midlands  
WV 0JH  
Tel: 01902 446688  
Website: [www.intrahealth.co.uk](http://www.intrahealth.co.uk)

Date of inspection visit: 11 February 2016  
Date of publication: 25/05/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

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	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Pennfields Health Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pennfields Health Centre on 11 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had implemented changes to meet the needs of its East European population and had established links with local community services to educate patients on how to access health care services. Staff also received cultural awareness training.
- The practice had a programme of continuous clinical and internal audit in order to monitor quality and make improvements. All staff were encouraged to carry out individual audits.
- Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand, however the practice had not recorded and formally investigated all complaints received to demonstrate that lessons were learnt and improvements made where appropriate.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

The areas where the provider should make improvement are:

- Review the systems in place to record, investigate and demonstrate the outcome of written and verbal complaints received at the practice or through other sources.
- Improve the identification of registered patients who are carers and develop services to meet the needs of carers.

**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 good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were similar to the average for the locality and the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey published in January 2016 showed patients rated the practice similar to others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where

Good



# Summary of findings

these were identified. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had established links with local East European community services to educate patients from this community to access health care services appropriately. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. However, there was no evidence that complaints were monitored or that learning from complaints had been shared with staff and other stakeholders. Urgent appointments were available the same day.

## **Are services well-led?**

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The owners IntraHealth and practice GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

**Good**



# 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. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice offered home visits and urgent appointments for those older patients with enhanced needs. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had a proactive working relationship with three nursing/ independent care homes. There was effective communication between the practice and care home staff, regular ward rounds were carried out and visits to the homes were made when requested.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Performance for diabetes assessment and care was much lower than the national average (74% compared to the national average of 89%). The practice had taken action to identify the causes and it was involved in a local CCG initiative to improve the care and treatment of patients with diabetes. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were mostly below the standard for childhood immunisations. The practice had identified this and taken action to address the possible cause. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Protected appointments were allocated for children and appointments were available outside of school hours. The

Good



# Summary of findings

premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors. The practice's uptake for the cervical screening programme was 83%, which was similar to the national average of 82%.

## **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). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours were offered one evening per week and on a Saturday morning. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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. The practice held a register of patients with a learning disability and carried out annual health checks for these patients. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.

Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice maintained a list of patients who experienced vulnerable circumstances and provided a service that met the needs of these patients. For example, patients that suffered domestic abuse, substance misuse and homelessness. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff were aware of their responsibilities regarding confidentiality, information sharing, documentation of safeguarding concerns and how to contact relevant agencies. Staff had been trained to recognise signs of abuse in vulnerable adults and children.

Good



## **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 data showed that 90% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was similar to the national

Good



# Summary of findings

average of 88%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 92%, which was higher than the national average of 84%. Staff had a good understanding of how to support people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing similar to the local and national averages in several areas. A total of 436 surveys (12.5% of patient list) were sent out and 67 (15.4%) responses, which is equivalent to 1.9% of the patient list, were returned. Results indicated the practice performance was similar or lower than other practices in some aspects of care, which included for example:

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 69 comment

cards which were overall positive. Patients said they received excellent care from the practice, staff were helpful, professional, understanding and doctors listened to their problems. There were some less positive comments related to the length of time taken to get through to the practice on the telephone and having to re-book appointments if late for their appointment. Patients did not consider this fair especially when they sometimes had to wait for up to 45 minutes to see a GP.

We also spoke with four patients on the day of our inspection, plus a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received. The practice monitored the results of the friends and family test monthly. The results for April 2015 to January 2016 showed that there were 50 responses over this period. There were 35 patients who were extremely likely to recommend the practice to friends and family if they needed similar care or treatment, 12 patients were likely to recommend the practice and three patients were neither likely nor unlikely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the systems in place to record, investigate and demonstrate the outcome of written and verbal complaints received at the practice or through other sources.
- Improve the identification of registered patients who are carers and develop services to meet the needs of carers.

# Pennfields Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Pennfields Health Centre

Pennfields Health Centre is one of two GP practices in Wolverhampton owned by Intrahealth, a corporate provider of NHS primary care services. Pennfields Health Centre is located in one of the most deprived areas of Wolverhampton. The practice provides medical services to approximately 3,486 patients. The practice has a higher proportion of patients between the ages of 18 to 65 years compared with the practice average across England. The practice population is culturally diverse with approximately 75% of patients from Asian, African or East European backgrounds.

The practice team consists of six GPs (four male and two female), who work across the two of the Intrahealth practices based in Wolverhampton. The practice also use regular GP locums to support the clinicians and meet the needs of patients at the practice. The clinical practice team includes an advanced clinical practitioner, three nurse practitioners, two practice nurses and a phlebotomist (a person that takes blood from patients for testing). Practice staff also include a practice manager, office supervisor and four administration/ receptionists support staff. In total there are 19 staff employed either full or part time hours to meet the needs of patients.

The practice is open between 8am to 8pm on a Monday, 8am to 6.30pm Tuesday to Friday. Extended surgery hours are from 6.30pm to 8pm on Mondays and 8am to 12pm on Saturdays. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Primecare, the NHS 111 service and the local Walk-in Centres.

The practice has a contract to provide Alternative Provider Medical Services (APMS) for patients. This allows the practice to have a contract with NHS and other non-NHS health care providers to deliver enhanced and primary medical services to meet the needs of the local community. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma and diabetes.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the GPs and or practice manager of any incidents to ensure appropriate action was taken. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, national patient safety alerts and incident reports where these were reported and discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had recorded ten significant events, both clinical and operational which had occurred between March 2015 and September 2015. One of the events showed that a member of staff was frequently accessing patient records. An investigation showed that this problem was due to a software error when summarising patient records. Discussions were held and staff instructed to enter the reason for accessing patient records and the software problem addressed. This process was also monitored to ensure patients records were not accessed inappropriately.

The minutes of meetings demonstrated that appropriate learning from events had been shared with staff and external stakeholders. We found that when there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Certificates of safeguard training at the appropriate level were seen for all staff. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The practice shared examples of occasions when suspected safeguarding

concerns were reported to the local authority safeguarding team. Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded.

The practice had an infection control policy and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. One of the nurse practitioners was the clinical lead for infection control.

A notice was displayed in the waiting room, in the practice information leaflet and on the practice website advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Records available showed that three medication audits had been completed and appropriate actions were taken to review patients' medicines where necessary. Prescription pads were securely stored and appropriate systems were in place to monitor their use. The practice had an advanced clinical practitioner and three nurse practitioners who were also qualified independent prescribers. They could prescribe medicines for specific clinical conditions. The nurses received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the remaining two practice nurses to administer medicines in line with legislation.

## Are services safe?

We reviewed four personnel files and found 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**

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. Staff we spoke with told us that children were always provided with an on the day appointment if required. The practice identified and monitored all children who repeatedly attended out of hours and accident and emergency services.

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 and staff with appropriate skills were on duty. The practice used locum GPs to help meet the needs of patients at times of GP absence such as annual leave. A GP locum recruitment and induction pack was available to ensure appropriate checks were carried out to confirm the suitability of potential staff to work with patients.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents. There was a panic alarm at the front reception desk and in all the consultation and treatment rooms which alerted staff to any emergency. 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.

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. To support the appropriate assessment of patients' needs the practice had also reviewed a disease register to identify patients with a missing diagnosis. (A disease register is a collection of information about individuals, usually focused around a specific diagnosis or condition, which provides health care professionals with information about people with certain conditions, diseases, treatments). The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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 reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 94% of the total number points available for 2014-2015 this was similar to the practice average across England of 94%. The practice clinical exception rate of 13% was higher than the local Clinical Commissioning Group (CCG) average of 7.5% and national average of 9.2%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2014-2015 showed:

- Performance for the assessment and care of patients diagnosed with diabetes was lower than the national average (74% compared to the national average of 89%).

- The percentage of patients with hypertension having regular blood pressure tests was slightly higher than the national average (89% compared to the national average of 84%).
- Performance for mental health assessment and care was slightly higher than the national average (90% compared to the national average of 88%).
- The dementia diagnosis rate was higher than the national average (93% compared to the national average of 84%).

We found the GPs were aware of the fact that the practice was performing much lower in comparison to the local and national averages in the area related to diabetes. The practice was involved in a local initiative which involved monitoring the treatment of patients with diabetes with the support of professionals from secondary care. An audit carried out between January 2015 and December 2015 to monitor the impact of the initiative showed that improvements had been made.

Clinical staff were also aware that they had a high clinical exception rate. Some of the reasons provided for this related to the transient population and cultural diversity of its patients. The practice had taken action to address this. For example, a walk in clinic appointment system was introduced which enable opportunistic clinical checks to be carried out.

Clinical audits were carried out to facilitate quality improvement and all relevant staff were involved in the practice aim to improve care and treatment and patient outcomes. The practice encouraged all staff to carry out audits this included nurses and reception staff. We saw that nine clinical and non-clinical audits had been carried out over the last 12 months. A second cycle had been completed for four of the audits to review whether improvements had been made. For example, the practice had completed an audit which looked at whether the GPs adhered to NICE guidelines when medicines were prescribed to support patients to lose weight. The second cycle of the audit showed that the advice provided to patients' and documentation of this information had improved. For example, the advice and documentation related to diet had increased from 73% to 100%, exercise from 47% to 80% and appropriate and timely follow up increased from 47% to 100%.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. All staff received training that included safeguarding, fire safety, health and safety, basic life support, information governance awareness and infection prevention and control.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice could demonstrate how they ensured role-specific training and updating for relevant staff was completed. For example, GPs were up to date with revalidation requirements and staff received training specific to meeting the needs of patients with long-term conditions, such as diabetes and asthma. Staff had access to and made use of e-learning training modules and in-house training. The practice had discussed with the practice nurses the support needed for revalidation (A process to be introduced in April 2016 requiring nurses and midwives to demonstrate that they practise safely).

### 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 its intranet system.

This included care and risk assessments, care plans, medical records, clinical investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care such as hospital or to the out of hours service.

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 patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Childhood immunisation rates for the vaccinations given were similar to the local CCG average for the under two year olds, 77% to 93%, (CCG 74% to 95%). However the practice immunisation rates for the other two age groups, children aged two to five and children aged five years, was much lower than the local CCG average. The data showed that the practice childhood immunisation rates for the vaccinations given to children aged two to five ranged from 59% to 81% (local CCG 84% to 96%). The practice immunisation rates for children aged five years ranged from 54% to 76%, (local CCG 77% to 95%). The practice had determined some of the reasons for this was due to its transient population and cultural practices of its patients. The practice had taken action to address this. For example, a walk in clinic appointment system was introduced which enabled opportunistic immunisation vaccines to be given.

The practice's uptake for the cervical screening programme was 83%, which was slightly higher than the national average of 81%. There was a policy to follow up with patients who did not attend for their cervical screening test. The practice was proactive in following these patients

## Are services effective? (for example, treatment is effective)

up by telephone and sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We saw that reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and patients were offered a private area where they could not be overheard to discuss their needs.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 69 completed cards. The cards contained mostly positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were professional, friendly, helpful, knowledgeable and caring. Seven of the comment cards expressed concerns about getting through to the practice on the phone, waiting time at the practice to be seen for an appointment and the unavailability of appointments. We also spoke with five patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average or similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 83% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 83%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 74% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

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

The practice maintained a carers register and had systems in place to ensure they were offered support to meet their health needs. There were notices and leaflets displayed in the waiting room that provided patients with information on health promotion. Information was available for patients on how to access a number of support groups and organisations. Written information was available for carers to ensure that they understood the various avenues of support available to them. However the practice had only identified eight carers on the practice carers register. This represented 0.22% of the practice population. This was

## Are services caring?

much lower than the expected percentage of at least 2% for the practice population size. The practice could not demonstrate that they had looked at the reasons for this and what methods if any had been used to identify carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice had a bereavement

pack which they gave or sent to patients. The pack signposted patients to local support services and also included a sympathy card which expressed the sympathies of staff at the practice.

# 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 clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- To help meet the needs of its high number of patients (approximately 75%) from the Eastern European community, the practice introduced walk in clinics at the practice. The clinics offered patients access to a GP in a similar manner as that offered in East Europe.
- The practice had established links with local European community services, for example temples and migrant centres to support educating patients on accessing health care services.
- Staff attended cultural awareness training at a local East European community church.
- Translation services were available and access to this service was advertised.
- There were disabled toilet facilities and the practice was wheelchair accessible. A lift was available from the road for access to the practice.
- The practice reviewed appointment times at the practice and introduced extra same day appointments in response to patient concerns about the appointment system.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.

### Access to the service

The practice was open from 8am to 8pm on Monday, 8am to 6.30pm Tuesday to Friday, Patients could make appointments with a GP or practice nurse online. Extended surgery hours were provided between 6.30pm to 8pm on Mondays and Saturday 8am to 12pm. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the

practice was closed. Patients were directed to the out of hours service Primecare, the NHS 111 service and the local Walk-in Centres. This information was available on the practice answerphone, patient leaflet and practice website.

Seven (10%) of the comment cards we received expressed concerns about getting through to the practice on the phone, waiting time at the practice to be seen for an appointment and the unavailability of appointments. Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was lower than or similar to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 70% patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).

The practice had reviewed telephone access and its appointment system. The number of same day appointments had been increased to improve access for patients. The practice had ongoing systems in place to review whether changes to the appointment system had improved patients' experience.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints at the practice. We saw that information was available to help patients understand the complaints system including leaflets available in the reception area. This information was also available in different languages to meet the needs of patients registered at the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice manager told us that they had not received any formal complaints. We saw a record of a general complaint received over the past 12 months, through patient survey responses. Patients expressed concerns about not being able to get an appointment. The practice

## Are services responsive to people's needs? (for example, to feedback?)

held a staff meeting to discuss possible solutions. The outcome was to increase the number of same day appointments. Patients were informed about this through a poster titled 'You Said, We Did' which was displayed in the waiting area. The practice manager told us that verbal

complaints were dealt with immediately and only minor issues were reported. The practice had not recorded the verbal complaints and so there was no evidence to show what action was taken or if lessons were learnt and improvements made where appropriate.

# 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 quality health care and promote good outcomes for patients. Staff and patients felt that they were involved in the future plans for the practice. For example the practice sought the views of patients and input of the patient participation group (PPG) on ways in which it could improve communication with patients. The practice introduced a comments and suggestion box to encourage feedback from patients who did not have access to the internet. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practices strategy for good quality care. This outlined the structures and procedures in place and ensured that:

- We found that systems were supported by a strong management structure and clear leadership.
- Risk management systems, protocols had been developed and implemented to support continued improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- All staff were encouraged to be involved in carrying out individual audits.
- The GPs, nurses and other staff were all supported to address their professional development needs.
- Health and safety risk assessments had been conducted to limit risks from premises and environmental factors.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- Meetings had specific agendas and were minuted to show that information was shared with staff which confirmed learning from incidents and any action taken were appropriate.

### Leadership and culture

The directors (GPs) at the practice had the experience, capacity and capability to run the practice and ensure high quality care. The directors were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. The parent organisation, IntraHealth encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, relevant information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Staff described the culture at the practice as open, transparent and very much a team approach. This was encouraged and supported by corporate and team away events.

Regular practice, clinical and team meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. All staff were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The PPG was a small group (two members). The practice and PPG were proactively looking at ways they could increase the number of PPG members. Formal meetings were held every three months and minutes were

# Are services well-led?

Good 

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

available to confirm this. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Feedback from patients and the PPG through patient surveys included the need to increase the number of pre-bookable appointments available and to support patient feedback the introduction of a comments and suggestion box.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this, however there was a lack of written information to show

that these were followed up to ensure that learning and appropriate improvements had been made. The practice had started the process to become a training practice for medical students.

The practice was involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. One of these included being one of four practices in Wolverhampton to pilot the role of a clinical pharmacist within the practice. Clinical pharmacists would work as part of the general practice team to resolve day to day medicine issues and consult with and treat patients directly.

The practice had identified some of the challenges that presented with meeting the needs of an increasing culturally diverse population. These challenges included high attendance at the accident and emergency department and language barriers. The practice had reviewed its systems and practices to help address these. For example appointment systems were reviewed and walk in appointments introduced which reflected the practice this group of patients were used to.