

Streets Corner Surgery

Quality Report

79-81 Lichfield Road
Walsall Wood
WS9 9NP

Tel: 01543 377 285

Website: www.streetscornersurgery.nhs.uk/

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Streets Corner Surgery on 31 October 2016. Overall the practice is rated as good. There are two surgery sites that form the practice; these consist of the main surgery at Lichfield Road and the branch site Stonnall Surgery located at Main Street, Stonnall where the practice operated a dispensary. Systems and processes are shared across both sites. During the inspection we visited the main site at Lichfield Road and the branch Stonnall Surgery.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in most areas. However, there were areas where risks

were not effectively managed. For example, in the absence of some emergency medicines and equipment the practice did not complete a formal risk assessment.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Although we saw that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment we saw some areas where training had not been completed since commencing employment.
- Although the practice had systems in place to encourage patients to engage in national screening programmes and record completed tests there were areas where the system was not effective and the practice were performing below local and national averages. However, to improve this the practice engaged in national awareness days to increase screening uptake and data provided by the practice showed an increase in uptake.
- Patients we spoke with during the inspection said they were treated with compassion, dignity and respect and

Summary of findings

they were involved in their care and decisions about their treatment. However, data from the national GP patient survey showed that patients rated the practice below local and national averages for several aspects of care. The practice had reviewed this data and taken action to improve patient satisfaction.

- The practice had systems in place which alerted them if a patient was a carer and staff worked with the local carers association to explore effective ways of increasing their ability to identify carers.
- Information about practice based and external health care services was available and easy to understand. The practice worked under a shared care agreement with the local drug and alcohol service. Data provided by the practice showed a low number of completed care plans, medication and face-to-face reviews carried out in the last 12 months.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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 management. In most areas governance arrangements supported the delivery of the strategy and good quality care.

- 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.

The areas where the provider must make improvement are:

- Ensure that risks are formally assessed and mitigated in the absence of specific emergency medicines and emergency equipment so that risks associated with emergency situations are effectively managed.
- Implement an effective failsafe system to manage cervical samples sent and received.

The areas where the provider should make improvement are:

- Establish an effective process for monitoring and ensuring staff have received appropriate training and continual professional development to enable them to fulfil the requirements of their role. Implement an effective system to monitor and review staff competencies during and after induction.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Implement effective processes aimed at increasing the number of care plans, medication and face-to-face reviews carried out with patients in receipt of interventions for substance and alcohol dependency.

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?

- Risks to patients who used services were assessed in most areas. However, there were areas where systems and processes to address risks were not always implemented well enough to ensure patients were kept safe.
- The practice did not identify or implement measures to reduce risks in the absence of some emergency medicines and equipment.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



Are services effective?

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance with the exception of medicine reviews and care plans across some areas.
- Clinical audits demonstrated quality improvement.
- Although staff we spoke with had the skills, knowledge and experience to deliver effective care and treatment we saw that some areas of training had not been completed and the practice was unable to evidence engagement in clinical learning events to support the professional development requirements of some clinical staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand, respond and meet the range and complexity of patients' needs. However, data showed that the practice was performing below local and national averages for the uptake of breast and bowel screening.

Good



Summary of findings

- Data provided by the practice also showed a low number of care plans carried out in the last 12 months for patients receiving support for alcohol and drug dependency.
- The practice did not operate an effective failsafe system to manage all samples sent or received for the cervical screening programme.

Are services caring?

Good



- Information for patients about the services available was easy to understand and accessible.
- During the inspection we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed variations in how patients rated the practice compared to others for several aspects of care. There were areas where surveys showed patients rated the practice lower than others for some aspects of care. For example, GPs and nurses involving patients in decisions about their care were below local and national averages.
- Patients we spoke with on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, data from the national GP patient survey showed variation with how patients rated the GPs and nurses.
- The practice had processes which alerted staff if a patient were a carer. The practice identified 1.5% of the practice list as carers and worked with the local carers association to explore ways of increasing their ability to identify carers.

Are services responsive to people's needs?

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they participated in Walsall Federation where they worked with other practices to support service improvement.
- The practice understood the population served, held various health awareness events such as breast cancer awareness, quit smoking campaigns and sought to ensure relevant services were provided.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent

Summary of findings

appointments available the same day. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- During our reception observation we noted that Information about how to complain was not displayed in reception. However, staff we spoke with was able to provide easy to understand complaints procedure leaflets. Evidence provided by the practice showed that they responded quickly to issues raised and learning from complaints was shared with staff with appropriate actions taken to prevent further occurrences.

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and 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. However, there were areas where arrangements to manage risks, systems to ensure specific training was completed and engagement in continuous professional development were not operated effectively.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 and the practice worked with external organisations to develop schemes aimed at improving patients' health.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held an avoiding unplanned admissions register and had personalised care plans in place for this patient group. Staff explained that these were discussed at multi-disciplinary meetings when patients attend for an appointment, following a hospital discharge or when requesting a home visit.
- The practice worked collaboratively with community matrons, district nurses and the rapid response team when looking after this population group.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK. Data provided by the practice showed that 100% of patients aged over 75 received a health check in the last three years.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 87% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- 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.

Summary of findings

- A diabetic nurse held a fortnightly clinic at the practice.
- The practice referred patients diagnosed with and diabetes to a six-week expert patient programme aimed at empowering patients to care for themselves.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.

Families, children and young people

The provider was rated as requires improvement for safety and effective in this population group. There were, however, examples of good practice.'

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice held an in-house baby immunisation clinic for both scheduled and unscheduled appointments in order to ensure that vaccinations were given at the recommended and appropriate intervals.
- Care for expectant mothers were shared with midwives from the local Hospital; GPs carried out six-week mother and eight week baby checks.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and recognised them as individuals. Sexual health notices were displayed in reception and patients aged 15 to 24 years were encouraged to have chlamydia testing as appropriate. Forms and testing kits were in consulting rooms.
- Although the practice's uptake for the cervical screening programme was 93%, which was above the CCG average of 81% and the national average of 82%, they did not establish a failsafe system to manage cervical samples sent and received.
- The practice engaged in national awareness events such as breast cancer to improve awareness and uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



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).

Good



Summary of findings

- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- For accessibility, telephone consultation appointments were available with a GP and extended hours were clinic hours were available three days per week.
- The practice offered travel vaccinations available on the NHS and staff signposted patients to other services for vaccinations only available privately such as yellow (a vaccination for a tropical virus disease transmitted by mosquitoes, which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- There was a sexual health lead, clinicians offered sexual health advice, and the practice provides long acting contraceptive services for registered patients.
- Data from the July 2016 national GP patient survey indicated that the practice were above local and national average regarding patient's satisfaction with how they could access care and treatment.

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 living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD).
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their prescriptions at the surgery.

Good



Summary of findings

- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 1.5% of the practice list were carers.
- The practice had an awareness of the changing demographics of the practice population group. For example, staff explained that the practice recently registered a number of asylum seekers who had moved to housing within the practice boundaries. Although the practice had not done anything specifically targeted towards this group staff we spoke with told us that the practice acknowledge the circumstances which may make this group vulnerable and therefore had a staff meeting to ensure all staff were aware of the possible barriers to receiving care.

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).

- 90% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the year 2014/15, which was above the local and national average. Data from 2015/16 showed that the practice continued to perform above local and national averages.
- Nationally reported data for 2014/15 showed 100% of patients on the practice mental health related indicators had a comprehensive, agreed care plan documented in the preceding 12 months. This was above the CCG and national average, with a 0% exception reporting rate. Data from 2015/16 showed that the practice continued to perform above local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. A community psychiatric nurse (CPN) attended the clinic weekly.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and there were a designated lead responsible for this population group.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages in most areas. 281 survey forms were distributed and 121 were returned. This represented 43% completion rate.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were mainly positive about the standard of care received. Staff were described as caring, respectful and understanding. Patients felt that they were treated with dignity and had trust in the clinical team. Out of the 42 comment cards, three were neutral and three were less positive. Patients commented on long appointment waiting times, felt the building did not have a welcoming feel and reception area was not child friendly.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, patients commented on the waiting times and were not told when appointments were running late.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that risks are formally assessed and mitigated in the absence of specific emergency medicines and emergency equipment so that risks associated with emergency situations are effectively managed.
- Implement an effective failsafe system to manage cervical samples sent and received.

Action the service **SHOULD** take to improve

- Establish an effective process for monitoring and ensuring staff have received appropriate training and

continual professional development to enable them to fulfil the requirements' of their role. Implement an effective system to monitor and review staff competencies' during and after induction.

- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Implement effective processes aimed at increasing the number of care plans, medication and face-to-face reviews carried out with patients in receipt of interventions for substance and alcohol dependency.

Streets Corner Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Streets Corner Surgery

Streets Corner Surgery is located in Walsall, West Midlands situated in a purpose built building owned by the GP partners, providing NHS services to the local community. Streets Corner Surgery is part of a practice group which consists of this site and Stonnall Surgery located at Main Street, Stonnall.

Based on data available from Public Health England, the levels of deprivation in the area served by Streets Corner Surgery are above the national average, ranked at six out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged 65 plus, and below average for ages zero to 18 and 85 plus.

The patient list is approximately 5,591 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities. Services are also provided under a Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises two GP partners, one female and one male, one specialist nurse prescriber, two practice nurses, one health care assistant, one prescription manager, one practice manager and a team of administrative staff.

The practice is open between 8.15am and 6.30pm daily except for Thursdays where the practice is open between 8.15am and 1pm. Reception and surgery hours are served by Stonnall surgery on Mondays from 6.30pm to 7.10pm, Wednesdays and Fridays from 6.30pm to 7pm.

GP consulting hours are from 8.15am to 7.10pm on Mondays, Wednesdays and Fridays, Tuesday's consulting hours are from 8.15am to 6.30pm and Thursdays are from 8.15am to 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Primecare through the NHS 111 service. Between the hours of 8am and 8.15 and 1pm to 6.30pm on Thursdays services are provided by WALDOC (Walsall doctors on call).

The practice operated a dispensary at Stonall surgery. The dispensary is open between 9am to 11.30am and 5pm to 7pm on Mondays, Tuesdays Wednesdays and Fridays. Thursday's opening times are between 9am and 11.30am.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 October 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a designated clinical lead responsible for reviewing and monitoring significant events to ensure they were acted on as appropriate. Lessons from incidents and significant events were routinely shared through clinical meetings and staff we spoke with were able to provide examples of incidents that had been discussed and acted on.
- The practice carried out a thorough analysis of the significant events. There was clear evidence of where the practice had used incidents as a learning process for the whole practice and implemented changes to practice protocols. For example, staff were advised of processes to be followed before attaching documents into patient's electronic medical records. Staff were also required to complete scanning in a quiet environment to limit work place distractions and to take regular breaks.

There was a designated GP lead responsible for reviewing safety alerts received and sharing with other clinical staff, these were all documented with evidence of action taken. We reviewed patient safety alerts received from Medicines and Healthcare products Regulatory Agency (MHRA) and minutes of meetings where these were discussed. We saw evidence that appropriate actions were taken to improve safety in the practice. For example, we discussed an alert

relating to specific emergency medication kits for patients diagnosed with diabetes, the alert advised patients to return kits with a specific batch number due to a fault. The practice demonstrated that they had worked with the Clinical Commissioning Group (CCG) pharmacist who carried out appropriate searches and the practice contacted identified patients; informing them of the necessary actions.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff we spoke with explained that the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. However, not all staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs and members of the nursing team were trained to child safeguarding level three; however, although a member of the nursing team had attended a safeguarding adult's session in the last 12 months and was able to explain what constituted a concern no formal safeguarding children training had been completed. Staff we spoke with explained that training had been scheduled as part of the role specific induction; however, this had not been attended. We were told that the practice was looking into further available training dates.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperone duties were carried out by clinical staff who were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. On the day of the inspection 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 most staff had received up to date training.
- Annual infection control audits were undertaken by an external infection control specialist. An audit carried out within the last 12 months showed that the practice had scored 93% overall; and 89% for waste management. We saw evidence that action was taken to address improvements identified as a result.
- The arrangements for managing medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, dispensing, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. Prescription stationary including blank prescription forms and pads were securely stored and there were well established and effective systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The dispensary operated from the branch site at Stonnall surgery. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for learning and development. Although we were told that the practice had not had any medicines incidents or 'near misses' staff explained the systems in place for recording, sharing learning and provided evidence of where they had recorded non medicine related incidents. The practice had a system in place to monitor the quality of the dispensing process.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- We reviewed six 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

Some 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 office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- Electrical equipment was checked by a professional contractor to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that labels were attached to electrical equipment, which evidenced that they had been checked within the last 12 months.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff we spoke with explained that attempts had been made to recruit a GP; however, this had been unsuccessful therefore the practice were using a regular locum Mondays and Wednesdays. The practice also recruited a nurse practitioner within the last 12 months. Clinical & non-clinical staff rotas were displayed in the reception office; these were updated every four weeks and required cover highlighted.

Arrangements to deal with emergencies and major incidents

Are services safe?

Although the practice had arrangements in place to respond to emergencies and major incidents, some risks had not been fully explored.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Medicines we checked were in date and stored securely. However, the practice had not formally assessed risks in the absence of certain emergency medicines at both locations. This included the absence of emergency medicines used to treat patients diagnosed with diabetes during a low blood sugar emergency and emergency medicines used to treat an epileptic fit.
- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The main branch at Lichfield Road had a defibrillator and oxygen available with adult and children's masks. However, we saw that the branch site located at Main Street did not have a defibrillator and the practice did not carry out a risk assessment to mitigate any identified risks. A first aid kit and accident book were available.
- 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. Staff we spoke with were aware of the plan and how to access the plan; the GPs and practice manager held copies off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with demonstrated on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes. Staff we spoke with also explained that they received updates from diabetes and asthma UK; staff had online access to the British National Formulary online (a publication, which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Regular clinical and nurse specific meetings were held to enable the clinical staff to discuss and share best practice and some of the more complex cases they had seen.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 99% of the total number of points available; this was above the national average of 95%. Exception reporting for public health domains such as blood pressure, cardiovascular disease and smoking (combined overall total) was below CCG and national average (Exception reporting is the

removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 87% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception reporting rate of 14%, compared to CCG average of 9% and national average of 12%.
- Performance for mental health related indicators was above the national average. For example, 100% had an agreed care plan documented in the record, in the preceding 12 months compared to CCG average of 92% and national average of 88%. With a zero percent exception reporting rate.

When asked staff we spoke with told us that a designated lead person monitored QOF performance and exception reporting rates. Clinicians we spoke with demonstrated a detailed understanding of the practice performance. We were told that staff were contacting patients who were overdue for QOF related reviews. The practice's approach was to send three letters of invitation for a review to patients and operated a call and Recall system. Staff we spoke with told us that they would only exception report after all options had been explored and we saw evidence to support this. The QOF leads reviewed registers and on a regular basis targeted identified areas such. More recent published QOF data from the 2015/16 showed a slight reduction in diabetes exception reporting rate. For example, exception reporting rates for patients who had a specific blood glucose reading within acceptable range in the preceding 12 months was 13%, compared to CCG average of 9% and national average of 12%.

There was evidence of quality improvement including clinical audit.

- Information from a variety of sources triggered the practices clinical audit programme such as patient safety alerts, NICE guideline updates and QOF

Are services effective?

(for example, treatment is effective)

performance. The practice provided evidence of two clinical audits completed in the last two years, where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, the practice carried out a search to identify whether patients in receipt of a specific medicine used to treat overactive bladder were being monitored within recommended guidelines. The practice identified 11% were non-compliant and implemented appropriate measure to address the issues. A second audit carried out showed a 100% improvement.
- The practice attended Walsall CCG locality meetings and participated in local audits, benchmarking, accreditation and peer review.

Effective staffing

Although staff we spoke with had the skills, knowledge and experience to deliver effective care and treatment, we saw gaps in the completion of some training and processes relating to role specific inductions were not effectively being implemented.

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there were gaps in the completion of some training included in the induction process. For example, although staff we spoke with were able to explain how they would effectively carry out their role there were no evidence of completed safeguarding children, infection prevention and control and basic life support training since employment commenced. Management we spoke with recognised this and explained reasons why the identified training had not been completed; we were told that the practice were actively seeking dates of the next available training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at general practice and nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Although staff had access to appropriate training to meet their learning needs and to cover the scope of their work staff we spoke with explained that some training arranged by the practice had not been completed. We were told that staff had access to on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, not all members of the nursing team were able to evidence where they had attended training events to support their clinical professional development. Staff files we checked showed that staff received an appraisal within the last 12 months. A staff member recruited in the past 12 months explained that they met with the lead GP three months into their employment.
- Staff received training that included, fire safety awareness and information governance; we saw that most staff received safeguarding and basic life support training. Staff had access to and made use of e-learning training modules and in-house training.

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.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of nursing team meetings along with multi-disciplinary team meetings for patients with end of life care needs. Data provided by the practice showed that 81% of patients on the practice palliative care register had a care plan in place, 100% received a medicines review and 81% had a face-to-face review in the past 12 months.

The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. Data provided by the practice showed that 17% of patients receiving support for drug dependency had care plans in place, 33% received a medication review and 67% had a face-to-face review in the past 12 months. Data provided also showed that 19% of patients receiving support for alcohol dependency had a care plan in place, 74% received a medication review and 59% had a face-to-face review in the past 12 months.

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 explained how they carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided access to services such as family planning, health promotion, healthy lifestyle and coronary heart disease clinics. Smoking cessation and weight management services available on site and the practice made use of external health trainers.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 100%, with a zero per cent exception reporting rate.
- There were dedicated leads for diabetes, sexual health and patients with learning disability. There were patient specific clinics for vulnerable patients, for example patients on the learning disability (LD) register. Data provided by the practice showed that 88% of patients on the LD register had a care plan in place, 79% had a medicine review and 42% had a face-to-face review in the last 12 months.
- Clinical staff members had a diploma in diabetes and asthma care. The practice provided longer appointments for long term condition (LTC) reviews. Staff we spoke with explained that GPs had a specialist interest in diabetes and the practice received fortnightly support from a diabetic specialist nurse. Patients were invited to participate in an Expert Patient Programme which is a six week programme aimed at empowering patients to care for themselves. QOF data showed that 95% of patients newly diagnosed with diabetes had a record of being referred to a structured educational programme within nine months after being entered onto the diabetes register.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using recognised methods was 92%, compared to CCG average of 92% and national average of 90%.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.
- During the 2015 flu campaign, data provided by the practice showed that the practice had given 535 vaccinations to eligible patients. Staff explained that the uptake had been discussed and the practice agreed to contact all eligible patients at the beginning of September 2016 offering them an appointment. During the inspection we saw information leaflets and posters

Are services effective?

(for example, treatment is effective)

directing patients to book an appointment. Data provided by the practice showed an increase in uptake; for example, 887 vaccinations were given between September and October 2016.

The practice's uptake for the cervical screening programme was 93%, which was above the CCG average of 81% and the national average of 82%. Exception reporting for public health additional service domains such as cervical screening was above CCG and national average. For example, the practice's exception rate for cervical screening was 21% compared to CCG average of 7% and national average of 6%. Staff we spoke with explained that patients who failed to attend initial screening invites were coded as a non-responder. This reflected the practice's policy, which involved telephone reminders for patients who did not attend for their cervical screening test, staff were also sending second and third invite letters. During our discussion staff realised that coding patients as non-responders at the initial stage was having a negative impact on the practice exception reporting rates, therefore the practice intended to review this process with a view of implementing a more effective system. The failsafe system in place to ensure results were received for all samples sent for the cervical screening programme was not effective. For example, staff we spoke with explained that records were maintained for abnormal results along with recall dates and staff followed these patients up appropriately. However, the practice did not have a system in place to identify and follow up patients who had completed a screening where results had not been received. Following the inspection the practice held a meeting to discuss the inspection findings. Evidence provided by the practice showed that they were in the process of implementing a new failsafe system to monitor all results and staff would carry out monthly searches. We also saw that the practice intended to add new process to their cervical screening policy.

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

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 69% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 35% compared to CCG average of 67% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 54%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 54%, compared to CCG average of 73% and national average of 74%.

Staff explained that they received notifications regarding patients who had not returned their blood testing kit for bowel cancer and sent identified patient's letters, which included information leaflets and the offer to meet with a clinician for further discussion if appropriate. We were also told that when patients attend the surgery for general health related reasons the practice opportunistically discussed the benefits of screening programmes. Staff told us that the practice took part in celebrating Pink days (national awareness days) for the past three years. Data provided by the practice showed that 953 patients were invited to the 2015 event, 712 attended and the practice achieved a 75% uptake rate for breast cancer screening.

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

Immunisation rates for vaccinations given to five year olds ranged from 84% to 100%, compared to CCG averages of between 75% to 99% and national averages of between 81% to 95%. The practice held a baby, antenatal and postnatal clinic.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection, we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with explained that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

A majority of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mainly comparable to local and national averages for its satisfaction scores on consultations with GPs and receptionists interaction with patients. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.
- 84% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

The practice were aware of the data and there results from the national GP patient survey. We saw meeting minutes where the practice had analysed the results. Staff we spoke with told us about some of the actions implemented to improve survey results. For example, the practice planned to arrange training for clinical staff regarding consultation skills.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Health information leaflets were available in easy read format within the reception area and accessible via the practice website.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as

carers (1.5% of the practice list). Staff we spoke with explained that they were working to increase this number; we saw information in the reception area encouraging patients to speak to reception. The practice also attended a meeting with Walsall carers association who helped the practice to set up their carers' corner. Data provided by the practice showed that 22% received a health check and 64% had a flu vaccination in the past two years. Staff we spoke with told us that carers had access to annual health checks, which involved a review of their stress levels and were offered flu vaccinations. Written information was available within the reception area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them, sent sympathy cards, and information leaflets. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or relatives were offered the chance to meet the practice on site community psychiatric nurse (CPN). Relatives were also provided with advice on how to find external support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GP partners had a clinical lead role within Walsall Clinical Commissioning Group (CCG) where they participated in CCG led programmes. This included involvement in Walsall GP Alliance Federation aimed at developing a planned care; proactive coordinated assessment and referral management system.

- The practice offered extended opening for appointments Mondays to Fridays from 8.15am to 9am at Streets Corner and 6.30pm to 7.10pm Mondays; 6.30pm to 7pm Wednesdays and Fridays from Stonnall Surgery for patients who could not attend during normal weekday opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and staff signposted patients to other services for travel vaccinations only available privately.
- The practice had a portable hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- There were disabled facilities and the premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw a copy of the practice policy to support this.

- A CPN attended the practice weekly, data provided by the practice showed that 97% of patients diagnosed with a mental disorder had a care plan in place, 86% had a medicines review and 70% had a face-to-face review in the past 12 months.

Access to the service

The practice is open between 8.15am and 6.30pm daily except for Thursdays where the practice is open between 8.15am and 1pm. Reception and surgery hours are served by the Stonnall branch surgery on Mondays from 6.30pm to 7.10pm, Wednesdays and Fridays from 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to two months in advance with GPs and four months with nurses, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

People we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

The practice had a system in place to assess, whether a home visit was clinically necessary and the urgency of the need for medical attention.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. This processed worked by a GP telephoning the patient or carer in advance to gather information to allow an informed decision to be made according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. This process was governed by a home visit policy and flow chart, which reception staff followed.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- During our reception observation, we noted that information such as posters or leaflets to help patients understand the complaints system were not displayed. Staff we spoke with explained that information were available and provided a copy of the practice complaints and feedback leaflet and an information leaflet, which were attached to the practice complaints form.
- Patients we spoke with during the inspection were confident in knowing what to do if they wished to make

a complaint. Patients we spoke with provided examples of when they had made a complaint about waiting times; patients told us that they were happy with how the practice responded.

- The practice encouraged patients to take part in the NHS Friends and Family Test (FFT) by displaying posters, feedback forms and a survey box were located in reception.

We looked at two out of three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency when dealing with the complaint. Lessons were learnt and improvements made following individual concerns and complaints and also from analysis of trends. The practice provided documentations which evidenced where action were taken as a result to improve the quality of care. For example, we were told that staff were reminded to be more vigilant when receiving requests for acute prescriptions to avoid medical errors and the practice decided not to take medicine requests verbally via the phone.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place. However, during our inspection we saw that there were some gaps in processes which were not carried out effectively. For example:

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were mostly operated effectively. However, there were areas where the arrangements were less effective. For example, measures to manage and mitigate risks in the absence of some emergency medicines and emergency medical equipment were not always recognised.
- The system for ensuring training and engagement in continuing professional development for some clinical staff was not effective. However, there was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities as well as those of the wider team.
- The practice engaged in national awareness days to increase the uptake of national screening programmes such as cervical, bowel and breast cancer.
- Practice specific policies were implemented and were available to all staff.

- Staff we spoke with during the inspection demonstrated a comprehensive understanding of the performance of the practice and explained actions taken to improve areas where the practice were performing lower than local and national averages.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, the practice had not implemented an effective failsafe system to manage cervical screening results sent or received.
- The GP lead played an active role within Walsall CCG and shared ideas, knowledge and implementing new ways of working to secure improvements to services.

Leadership and culture

On the day of inspection, the partners and management staff in the practice demonstrated they had the experience, capacity and capability to run the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff we spoke with told us the practice held regular team meetings. Minutes provided by the practice demonstrated a continuous cycle of general, clinical and nurse led meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Good 

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

- The practice facilitated annual away days aimed at team building and recognised staff birthdays. Staff we spoke with explained that they found this very positive as it helped to maintain a high level of staff morale.
- Throughout the inspection, we noted a family orientated approach by staff we interacted with and we saw that there were long standing staff members who had worked at the practice for a number of years.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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.

- Although the July 2016 national GP patient survey showed variations in patients satisfaction with care provided; with some areas above local and national averages and other areas below, the practice had analysed the results and discussed actions to improve patient satisfaction. Meeting minutes provided by the practice highlighted actions to improve patient satisfaction. For example educating clinical staff on effective consultation skills and increasing the nursing team to include a specialist nurse prescriber.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG discussed increasing the opening times at the branch surgery. Staff explained that previously GPs only carried out evening appointments, however following feedback from PPG the GPs now attend the branch one morning per week from 9am to 9.45am.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we were told that appointments were adjusted to ensure nurses had sufficient time to thoroughly carry out long term condition patient reviews. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The lead GP described an exercise referral scheme, which the practice was developing in collaboration with the local fitness centre. We were told that patients who met one or more inclusion criteria's such as moderate chronic heart disease which can be improved through regular exercise or patients diagnosed with diabetes would be given access to the fitness centre twice per week and a programme would be tailored to patient's needs. Practice staff were given a free three day guess pass and the GP planned to hold health checks for patients and non-patients within the fitness centre.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>How the regulation was not being met</p> <p>The provider did not do all that is reasonably to mitigate risks. The practice did not carry out a sufficient risk assessment to mitigate risks in the absence of emergency medications used to respond to certain medical emergencies. Additionally, the practice did not formally assess risk in the absence of specific emergency medical equipment.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>How the regulation was not being met</p> <p>The provider did not operate an effective audit system. For example, the practice did not implement an effective failsafe system to manage samples sent and received for national screening programmes.</p> <p>This was in breach of regulation 17(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>