

Drs Bilas & Thomas

Quality Report

75 Griffiths Drive
Wednesfield
Wolverhampton
WV11 2JN
Tel: 01902 731250
Website: www.ourpractice.org.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 Drs Bilas & Thomas on 20 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses, however the practice did not have a formal system in place for the ongoing monitoring of significant events, incidents and accidents.
- Arrangements were not in place to ensure that all risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had a programme of continuous clinical and internal audit in order to monitor quality and make improvements.
- The practice invested in staff development and training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 the management.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider must make improvements:

- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure the practice undertakes a Legionella risk assessment.

There were areas of practice where the provider should make improvements:

- Review the practice's system for the ongoing monitoring of significant events with a view to preventing further occurrences and, ensuring that improvements made are appropriate.

- Review complaint handling procedures and establish a system for identifying, receiving, recording, handling and responding to verbal complaints.
- Review chaperone practices to ensure that all staff are aware of the correct procedure to follow when carrying out the role.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Records of clinical and significant event meetings demonstrated that incidents were fully discussed. However records did not show that ongoing monitoring of events had taken place to ensure that systems put in place were appropriate.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- However the practice could not confirm that all risks to patients were assessed and well managed. For example, the practice had not ensured that:
 - A legionella risk assessment was carried out at the practice.
 - Appropriate arrangements were in place for the safe management of medicines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the overall achievement of 85% of the available points was below average when compared to the locality average of 92% and the national average of 95%. The practice had taken action to improve clinical outcomes for patients.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- The practice had completed clinical audits and the outcomes used to monitor quality and make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of staff appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, the practice held meeting with the professionals involved in the care of patients receiving palliative care.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published in January 2016 showed patients rated the practice similar to others for most aspects of care.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Systems were in place to protect patient confidentiality.
- Arrangements were in place to ensure that patients and carers received appropriate and effective support.

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 these were identified. For example the practice worked closely with secondary care professionals on initiatives to improve the care of patients with COPD.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice did not offer extended hours or telephone appointments to patients who worked.
- 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, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff. A log of written and verbal complaints was not maintained to demonstrate any trends.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were aware of 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.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. This included for example, arrangements for the safe management of medicines.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was limited evidence to demonstrate that the practice had a strong focus on learning. For example we found that insufficient information had been provided following significant events and clinical audits to demonstrate that learning was shared with all staff.

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 personalised care to meet the needs of the older people in its population.
- The practice offered home visits to older people who were housebound only.
- Flexible appointments were available for older patients.
- All patients aged 75 plus were offered a health check including blood tests.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



People with long term conditions

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

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice Quality and Outcomes Framework (QOF) for the care of patients with long-term conditions was similar to or higher than the local and national average. For example the practice performance for diabetes related clinical indicators was higher than the local Clinical Commissioning Group and England average (94% compared to the local average of 82% and England average of 89%).
- Longer appointments were available when needed and home visits made to patients who were housebound.
- The named GP and practice nurse worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs.

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 did not attend hospital appointments.
- Immunisation rates for standard childhood immunisations were similar to or higher than the local CCG immunisation rates.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered some contraceptive services and in the absence of a female GP offered female patients the choice of referral to local family planning services. Patients were referred locally for specialised contraceptive services.
- The practice's uptake for the cervical screening programme was 83%, which was comparable 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.
- The practice did not offer extended opening hours and the appointment telephone line was not easily accessible to patients who worked during the day.
- 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.
- University students were offered the options of re-registering with the practice as a temporary resident or as a patient in immediate need of treatment.

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 had plans in place to ensure annual health checks were carried out for these patients.
- The practice had a low prevalence of patients living in vulnerable circumstances, when identified the practice assisted and supported these patients on an individual basis.
- 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.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 67% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was much lower than the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling clinic sessions were held at the practice with an experienced mental health counsellor based in the community.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 75%, which was lower than the national average of 84%.
- The practice maintained a register of patients diagnosed with dementia.

Good



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 in line with local and national averages. A total of 322 surveys (8.3% of the patient list) were sent out and 108 (34%) responses were received, which is equivalent to 2.7% of the patient list. Results indicated that the practice performance was comparable to other practices in most aspects of care. For example:

- 82% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 90% of the patients who responded 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%).
- 78% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 64% of the patients who responded 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%).
- 88% of the patients who responded said they found the receptionists at this practice helpful (CCG average 85%, national average 87%)

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 19 comment

cards which were all positive. Patients said the practice was caring, they received an excellent service and that all staff listened, were helpful and respectful. We spoke with eleven patients on the day of our inspection which included three members 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. They told us that they were satisfied with the care provided by the practice, that they were always treated as an individual, with respect, could always get an appointment and was given the time needed to discuss their concerns and treatment.

The practice monitored the results of the friends and family test monthly. The results over a fourteen month period (April 2015 to May 2016) showed that of the 502 responses received, 359 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 128 patients were likely to recommend the practice. The remaining results showed that 12 patients were neither likely nor unlikely to recommend the practice, two patients were unlikely to recommend the practice and one patient was extremely unlikely to recommend the practice. The comments made by patients in their responses were overall positive and aligned with the comments and responses received from comment cards, the patients spoken with and the GP survey results. We saw that the practice reviewed the comments received through the friends and family test and used these to make improvements.

Areas for improvement

Action the service **MUST** take to improve

There were areas of practice where the provider must make improvements:

- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure the practice undertakes a Legionella risk assessment.

Action the service **SHOULD** take to improve

There were areas of practice where the provider should make improvements:

- Review the practice's system for the ongoing monitoring of significant events with a view to preventing further occurrences and, ensuring that improvements made are appropriate.
- Review complaint handling procedures and establish a system for identifying, receiving, recording, handling and responding to verbal complaints.
- Review chaperone practices to ensure that all staff are aware of the correct procedure to follow when carrying out the role.

Summary of findings

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Drs Bilas & Thomas

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Drs Bilas & Thomas

Drs Bilas & Thomas are registered with the Care Quality Commission (CQC) as a two GP partnership. The practice is located in Wolverhampton. The practice has good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. The practice is a single story building. There is level access to the building but doors to the building are not automated. Patients who experience mobility difficulties and/or use a wheelchair are asked to ring a bell at the entrance; this alerts staff to patients who require support to enter the premises. All areas within the practice are accessible by patients who use a wheelchair or parents with a pushchair.

The practice team consists of two GP partners, both male. The GP partners are supported by a practice nurse and a healthcare assistant who both work part time. Clinical staff are supported by a practice manager, deputy practice manager, a medical secretary, an administrator, six reception staff, a scanning clerk and two domestic staff. In total there are 17 staff employed either full or part time hours to meet the needs of patients. The practice also use

GP locums at times of absence to support the clinicians and meet the needs of patients at the practice. The practice also provides training placement opportunities for student nurses.

The practice is open every week day between 9am and 12 midday and from 4pm to 6.45pm Monday, Tuesday, Wednesday and Friday. The practice is closed from 12 midday on Thursday. Appointments are available from 9am to 11am each weekday and from 4pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice does not participate in the extended opening hours scheme. 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, provided by Vocare, via the NHS 111 service. Patients are also directed to the out of hours services between the hours of 8am and 9am and 12pm and 2pm.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 3876 patients. It provides Directed Enhanced Services, such as the childhood immunisations, minor surgery and asthma and diabetic reviews. The practice has a slightly higher proportion of patients aged 45 to 59 and a higher proportion of patients, mainly female aged 75 to 85 when compared to the practice average across England. The income deprivation affecting children of 25% was higher than the national average of 20%. The level of income deprivation affecting older people was also higher than the national average (23% compared to 16%).

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 20 June 2016.

During our visit we:

- Spoke with a range of staff including a GP, 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 computerised system was in place for reporting and recording significant events. Staff told us they would inform the practice manager and or the partners of any incidents to ensure appropriate action was taken. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on. The practice nurse was responsible for reviewing safety alerts and ensuring the alerts were shared with relevant staff and appropriate action was taken. The practice nurse was able to give an example of a recent alert that was appropriately actioned.

We found that significant event records were maintained and systems put in place prevented further occurrence. Significant event records were clearly documented at the time they were reported and action points recorded on the significant event forms were used to inform staff of the event at practice meetings. Documentation available demonstrated that any lessons learnt and action taken had been shared with staff any necessary action had been taken. Records did not show that ongoing monitoring to demonstrate that the action taken was appropriate had been undertaken. Staff completed an incident recording form which 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 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.

Records we looked at showed that nine significant events, both clinical and operational had occurred over the past 12 months. One of the events related to patients behaviour on more than one occasion and the negative impact this had on other patients and staff. The incident was discussed with the partners, practice procedures were reviewed and updated to ensure that these incidents were acted on promptly.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from the risk of 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. Both GPs partners carried out lead roles for safeguarding. One covered safeguarding of children and the other adults. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The GP partners and the practice nurse were trained to safeguarding level 3. The GPs told us they provided reports where necessary for other agencies. The practice held registers for children at risk, and children with protection plans were identified on their individual computerised records. The practice carried out weekly checks on children who did not attend both practice and hospital appointments. The practice discussed any concerns about children with a named health visitor and other relevant professionals.

A notice was displayed in the waiting room, 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). Reception staff undertook the role of a chaperone. Staff clearly described their role to us and knew where to stand. However staff told us that one of the GPs requested that the chaperone stand outside of the curtain. This was discussed with the GPs and other practice staff. The practice did not have a risk assessment in place to mitigate the level of risk that this could present. A chaperone policy was available to support staff. The policy made appropriate reference to where staff should stand in order to observe the examination for the benefit and protection of patients and staff.

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. The practice nurse was the clinical lead for infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any

Are services safe?

improvements identified as a result. 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. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs. We were told that reception staff were responsible for emptying the clinical waste bins. The reception staff wore protective clothing when carrying out this task.

The arrangements for managing medicines in the practice did not always keep patients safe. Medicine prescribing practices we reviewed showed that systems for patients to receive a formal review of their medicines was not in place.

- The arrangements for managing repeat prescriptions for high risk medicines that required monitoring were not consistently followed. For example we saw that a medicine that required regular tests and monitoring of the dose to be taken was still on a repeat prescription although the treatment had been stopped in 2010. A further example showed that a high risk medicine was prescribed without first obtaining blood results so that doses to be prescribed were reviewed and changed if required.
- The process for making changes to prescribed medicines in patient's records following a visit to hospital was not fully effective. The reception staff were responsible for adding and removing patient repeat medication items following their discharge from hospital. We were told that the GPs checked the changes but evidence was not available to confirm this.
- Formal arrangements for the review of patient medicines were not in place.

These issues were discussed with the GPs who acknowledged that the arrangements were not fully effective and told us that systems would be reviewed.

We found that prescription pads and blank computer forms were securely stored and their use monitored. The practice had systems for ensuring that medicines were stored in line with manufacturers guidance and legislative requirements. This included daily checks to ensure medicines such as vaccines were kept within a temperature range that ensured they were effective for use. Specific medicine

directions (Patient Group Directions for the practice nurses and Patient Specific Directions for the healthcare assistants) were adopted by the practice to allow the practice nurse and healthcare assistant to administer specific medicines in line with legislation.

We reviewed the staff files for five staff employed at the practice. We found that four of the five files were thorough and contained appropriate recruitment checks which 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 DBS. Records showed that all permanent staff had criminal records checks carried out through the DBS. The practice used an agency to recruit GP locums when needed and ensured they received confirmation that appropriate safety checks were carried out. The practice also used a self-employed locum GP regularly. Their records showed that a check was carried out to confirm the locum was registered to practice with their professional body, the General Medical Council (GMC). However there was no other information such as employment history, qualifications, references and appropriate checks through the Disclosure and Barring Service to confirm the suitability of the locum to work with patients.

Monitoring risks to patients

The GP partners were responsible for the maintenance and management of the premises. The practice had procedures in place for monitoring and managing risks to patient and staff safety. Minutes of practice meetings showed that health and safety was a regular agenda item. The practice had a health and safety policy available with a poster in the reception area. The poster identified the named health and safety representative at the practice. This person had received appropriate training to support them to carry out this role. We saw that risk assessments related to the premises, patients, visitors and staff working at the practice had been completed. For example, a risk assessment identified that steps leading to the practice could present a risk to pregnant women and risk assessments had been completed for each of the treatment rooms. We saw that any risks identified were rated and mitigating actions recorded to reduce and manage the risk. Records were available to demonstrate that a number of other risk assessments had been completed to monitor the safety of the premises. These included fire risk assessments,

Are services safe?

checking of fire alarms, emergency lighting, Control of Substances Hazardous to Health and infection control. However we found that the practice had not ensured that a legionella risk assessment had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

All electrical and medical equipment had been checked annually to ensure the equipment was safe to use and working properly. Records showed equipment was maintained and calibrated in November 2015 and electrical safety checks were completed in June 2016.

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 GP locums to support the clinicians and meet the needs of patients at the practice at times of absence.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had a first aid box which was checked monthly. Staff training records showed that all staff had received recent annual update training in basic life support and staff spoken with confirmed this. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. Systems were in place to ensure emergency equipment and medicines were regularly checked. 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.

The practice had a business continuity plan in place for responding to emergencies such as loss of premises, power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks.

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 GPs and nurse 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 collected information for the Quality and Outcomes Framework (QOF) to measure its 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 that it had achieved 85% of the total number of points available. The practice QOF results were lower than the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 7.8% was in line with the local CCG average of 7.5% and lower than the national average of 9.2%. (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 2014/15 showed:

- Performance for the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was higher than the local and national average (87% compared to the local average of 75% and national average of 78%). The practice exception reporting rate of 2.8% showed that it was lower than the local average of 6.4% and similar to the national rate of 8.7%.
- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of

breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 91% which was similar to the local CCG average of 91% and national average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 21.4% showed that it was significantly higher than the local average of 6.8% and national average of 11.1%.

- Performance for mental health related indicators was significantly lower than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 67% compared to the local CCG average and England average of 88%. The practice clinical exception rate of 5.3% for this clinical area was lower than the local CCG average of 8.7% and England average of 12.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in

a face-to-face review in the preceding 12 months was lower than the local than the local CCG and national average (75% compared to the local CCG average of 82% and England average of 84%). The practice clinical exception rate of 7.7% for this clinical area was the same as the lower local CCG average of 7.7% and lower than the England average of 8.3%.

Information received at this inspection demonstrated that the practice had worked to ensure that appropriate action was taken to improve the outcomes for patients in the areas mentioned above. The practice had reviewed and introduced appropriate care plans where required for the ongoing management of these patients. Monthly meetings were held to monitor performance and an action plan was developed to identify the areas of patients' care that needed to be reviewed. Evidence was available to show that the practice had systems in place to follow up patients that had not attended reviews of their condition either at the practice or at the hospital. Data shared with us for the current QOF year showed improvements in both areas for example, performance outcomes for the care of patients with mental health problems had increased to 82%.

Are services effective?

(for example, treatment is effective)

One of the GPs attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed. For example, the practice had discussed the appropriateness of referrals that had been made to a local dermatology clinic.

Clinical audits were carried out to demonstrate quality improvements and to improve care, treatment and patients' outcomes. We saw that three audits had been completed over the last year. One of the audits looked at a group of medicines used as pain relief for patients diagnosed with a specific form of arthritis. The audit reviewed and monitored pain management in patients taking the medicines. The outcomes identified any improvements required and changes in treatments were implemented where appropriate and monitored.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and external and in-house training.

The practice had developed an effective appraisal system which included detailed appraisal documents. All staff had received a recent appraisal and records contained details of robust development plans. The GPs and practice nurse had all completed clinical specific training updates to support annual appraisals and revalidation. The practice nurses received training and attended regular updates for the care of patients with long-term conditions and administering vaccinations. The practice offered training placements for student nurses.

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 shared computer drive. The practice were able to demonstrate that staff were aware of their responsibilities for processing, recording and acting on any information received. The practice were aware however that confirmation that appropriate action had been taken such

as the referral of patients or the follow up of investigation and test results could not be tracked. The practice had changed the system so that patient information received had an electronic task attached, which could be monitored to confirm that the task had been followed through in a timely manner and by whom.

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 for example, when referring patient's to secondary care such as hospital or to the out of hours service. Information was shared with the out of hours service so they were aware of the patients wishes and treatment choices when the practice was closed. The practice completed a monthly audit on patients who attended the out of hours service together with a review of the work undertaken by the service on a daily basis. Records showed that there had been no concerns identified. Staff told us that they could discuss any concerns about children and families with a named health visitor. Multi-disciplinary team meetings to discuss patients on the practice palliative care register took place approximately monthly and was chaired by the practice nurse. However detailed minutes of the meetings were not maintained and care plans were not routinely reviewed and updated following the meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We found that not all staff understood or had an awareness of 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing.

- 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 signposted to relevant health promotion services for example, smoking cessation clinics and dietary advice.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40-74 years and patients aged 75 years.

The practice had a comprehensive screening programme. A full range of travel vaccines, childhood immunisations and influenza vaccinations were offered in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for all childhood immunisations was comparable to the local CCG average.

For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 83% to 95%, children aged two to five 79% to 100% and five year olds from 84% to 98%

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 83% which was comparable to the England average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of females aged 50-70 years, screened for breast cancer in last 36 months was low 66% compared to the average across England of 72%. Data for other cancer screening indicators such as bowel cancer were comparable to the local.

We saw that health promotion information was displayed in the waiting area and also made available and accessible to patients on the practice website. The health care assistant carried out health screening checks on all new patients registering at the practice. Patients spoken with confirmed that they receive healthy living advice and support.

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.
- The area around the reception desk was open. To support confidentiality patients were encouraged to queue away from the desk and not stand directly behind a patient speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

We spoke with 11 patients during the inspection and collected 19 Care Quality Commission comment cards completed by patients to tell us what they thought about the practice. Patients were positive about the service they received. Patients said that they received good care and advice, the GPs were caring and discreet and that staff were polite, considerate and helpful. The eleven patients we spoke included three members of the patient participation group (PPG). All patients comments were in line with the comments made in the comment 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 the satisfaction scores on consultations with GPs and nurses. For example:

- 80% of the patients who responded said the GP was good at listening to them compared to the (CCG) average of 83% and national average of 89%.
- 81% of the patients who responded said the GP gave them enough time (CCG average 83%, national average 87%).
- 95% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 81% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 95% of the patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 98% of the patients who responded said the last nurse they saw or spoke to was at listening to them (CCG average 90%, national average 91%).
- 99% of the patients who responded said the last nurse they saw or spoke to was at giving them enough time (CCG average 91%, national average 92%).

The patient satisfaction with reception staff was comparable to the local CCG and national average. Data showed that:

- 88% of the patients who responded 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.

Results from the national GP patient survey published in January 2016 showed patients response in most areas were positive to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than or similar to the local and national averages. For example:

- 77% of the patients who responded 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%.
- 77% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 93% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%).

Are services caring?

- 91% of the patients who responded 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 had a carers' policy in place, which staff were aware of. Written information was available for carers to ensure they understood the various avenues of support available to them. This included notices in the patient waiting room which told patients how to access a number of support groups and organisations. There were 69 carers on the practice carers register, which represented 1.8% of the practice population. The practice's computer system alerted the GPs and nurse if a patient was also a carer and patients were offered a flu vaccination and health checks.

Patients receiving end of life care who showed signs of deterioration were visited by a GP every two weeks to support their planned care. Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support required or requested by the family. This call was either followed by a patient consultation at a flexible time and location, which could be a visit to the family home if appropriate and the family were happy with this. Leaflets and other written information on bereavement was available for patients in the waiting area and on the practice website. Families and carers were signposted to support services such as bereavement counselling.

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:

- Patients with a learning disability were offered longer appointments at a time which was suitable to them and their carer.
- The practice were actively addressing the lack of a female GP to support the needs of female patients. New female patients were advised that there was not a female GP working at the practice. Female patients who preferred to have specific examinations such as coil fitting carried out by a female GP were referred to local community services. On some occasions female locum GPs had worked at the practice. The hours worked by the practice nurse had been increased to meet some of the care needs of female patients such as cervical screening.
- The practice nurse followed up all patients on the admission avoidance register following their discharge from hospital.
- The practice had limited access to appointments for patients who worked. We found that patients could book appointments, request repeat prescriptions and check test results online. However other services to support this population group, such as telephone consultations and extended hours were not available.
- Facilities for patients with mobility difficulties included a ramp for ease of access to the entrance of the practice. The front doors to the practice were not automatic. To address these patients with poor mobility were directed to ring a bell at the entrance. This made staff aware of patients who required support to gain access to the practice. Adapted toilet facilities were available for patients with a physical disability.
- The practice referred patients experiencing memory loss to the local community memory loss clinic.
- Access was available to translation and interpretation services to ensure patients were involved in decisions about their care.

- Baby changing facilities were available. Mothers were supported to breast feed their baby in an area acceptable to them which could be within the waiting area or a designated room.
- There were longer appointments available for, older people and patients with long-term conditions.
- The practice made patients aware that home visits were only available for patients who were housebound and unable to attend the practice. Patients spoken with confirmed this.
- Same day appointments were available for children when requested as well as patients assessed as requiring an urgent appointment.

Access to the service

The practice was open every week day between 9am and 12 midday and from 4pm to 6.45pm Monday, Tuesday, Wednesday and Friday. The practice was closed from 12 midday on Thursday. Appointments were available from 9am to 11am each weekday and from 4pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice did not participate in the extended opening hours scheme. 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, provided by Vocare, via the NHS 111 service. Patients were also directed to the out of hours services between the hours of 8am and 9am and 12pm and 2pm.

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

- 78% of patients were satisfied with the practice's opening hours which was the same as the national average of 78%.
- 82% patients said they could get through easily to the surgery by phone (73%, national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary. The named GP had the responsibility for coordinating the patients care and made the decision on the urgency of the patients need for care and treatment and the most suitable place for this to be received. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice.

Are services responsive to people's needs?

(for example, to feedback?)

Information in the patient leaflet and on the practice website informed patients to contact the practice before 10am if they required a home visit. Further information also told patients that visits would be made to patients who were housebound only.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was 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 correspondence for three complaints received over the past 12 months and found that all had been responded to, satisfactorily handled and dealt with in a timely way.

Records showed that complaints were discussed at practice meetings. We saw that lessons were learnt from concerns and complaints and action was taken to improve the service. For example the practice made changes to the process of collecting and identifying blood samples from patients where two different tests were required. The practice did not maintain a log of written and verbal complaints received to demonstrate any trends and that action taken or changes made were appropriate.

We saw that information available to help patients understand the complaints system included leaflets available in the reception area and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

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 vision to provide effective, quality and personalised care to meet the health needs of all patients and promote good outcomes. Staff and patients felt that they were involved in the future plans for the practice. The practice sought the views of patients and input of the patient participation group (PPG) on improvements that could be made at the practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

Governance within the practice was mixed. We saw examples of risks that had been well managed:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and all staff were supported to address their professional development needs.
- Practice specific policies and procedures were implemented and were available to all staff. Staff were required to sign to confirm that they had read key policies and updates of any new policies.
- We found that systems were supported by a strong management structure and clear leadership.
- Clinical and internal audits were carried out and the outcomes used to monitor quality and make improvements.

Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included for example, the arrangements for the arrangements for the safe management of medicines.

Leadership and culture

The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. 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.

The provider was aware of and complied 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). The partners encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, relevant information and a verbal and written apology.

Staff told us that team meetings took place. They told us that regular practice meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. Topics on the agenda included day to day operation of the practice, health and safety, audits, complaints, significant events and other governance arrangements. 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 practice had gathered feedback from patients through the PPG and from surveys and complaints received. A survey completed by patients in 2015 highlighted concerns and requests made by patients about the service. These included concerns about locum GPs, difficulties using the online booking system and requests for the practice to open on Saturdays. The practice had developed an action plan to demonstrate the action taken to address issues raised and had also discussed the results of the survey with patients at one of the PPG meetings. The practice had an active PPG, formal meetings were held every three months and minutes were available to confirm this. The practice and PPG were proactively looking at ways they could increase the number of PPG members.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us

Are services well-led?

Good 

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

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 limited documentation to demonstrate learning, action to be taken and the ongoing monitoring to

demonstrate that the action taken was appropriate. We found that insufficient information had been provided following clinical audits to demonstrate a positive change and whether other changes were needed to improve patient care.

The practice was involved in local pilot initiatives which supported improvement in patient care across Wolverhampton. The practice offered training placements student nurses.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that care and treatment was provided in a safe way for service users by assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. The provider had not ensured that:</p> <ul style="list-style-type: none">• A legionella risk assessment was carried out at the practice.• Appropriate arrangements were in place for the proper and safe management of medicines.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	