Dr Shoeb Suryani

Quality Report

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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 Dr Shoeb Suryani on 27 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 an effective 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 sharing learning with staff of the outcomes of significant events, incidents and accidents.
- The practice did not have formal systems in place for the ongoing monitoring of significant events, incidents and accidents to ensure any changes made were appropriate.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice ensured that staff were supported to attend training both within and outside of the practice to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 but not easily accessible to patients. Improvements were made to the quality of care as a result of written complaints and concerns. Verbal complaints were not monitored.
- The practice was aware of the needs of its local population and had implemented changes and engaged with the local community to support meeting these needs.
- Patients were concerned about the length of time they waited to get a routine appointment and the time spent waiting to be seen at an appointment. Urgent appointments were available the same day.
- The practice facilities were well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

- Ensure necessary employment checks are completed for all staff employed and the required information in respect of persons employed by the practice is held.

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 the practice's arrangements for sharing alerts, best practice guidance and that the learning outcomes from significant events, incidents and near misses with staff.
- Review complaint handling procedures and establish a system for identifying, receiving, recording, handling and responding to verbal complaints.

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?

Requires improvement

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

- There was an effective 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.
- Risks to patients were assessed but recruitment procedures were not consistently followed to ensure that all necessary employment safety checks were completed for all staff. For example, identification and criminal record checks through the (DBS).
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the overall achievement of 98% of the available points was above average when compared to the locality average of 92% and the national average of 95%.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- The practice had identified a programme of audits to be commenced or re-audited over the year. Clinical audits carried out demonstrated improvements in patients care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, the practice provided community based professionals such as chiropodists and substance misuse counsellor's facilities at the practice to carry out clinics.

Summary of findings

- 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?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published in January 2016 showed patients' ratings of the practice was variable.
- 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.

Are services responsive to people's needs?

Good

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. The practice was involved in local initiatives to improve the services offered to patients and also worked with local community groups to improve the care of patients identified as being vulnerable.
- Patients were concerned about the length of time they waited to get an appointment and felt that they waited a long time at the appointment to be seen. The practice was aware of this and was actively addressing their concerns.
- 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.

Are services well-led?

Good

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

- The practice had plans in place to deliver high quality care and promote good outcomes for patients. Staff and patients felt they were involved in the future plans for the practice.

Summary of findings

- There was a clear leadership structure and staff felt supported by the management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement but we found that insufficient information had been provided following significant events 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

Good

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.
- Older patients were seen by a doctor or received triage assessed care on the day they contacted the practice.
- Home visits and flexible appointments were available for older patients.
- The practice provided a service to a nursing rehabilitation care home and carried out visits to the home when requested.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

People with long term conditions

Good

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

- Nurse practitioners and practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 96%. This was higher than the national average of 90%. COPD is the name for a collection of lung diseases.
- Longer appointments and home visits were available when needed. A call and recall system was in place to ensure patients were sent an appointment for a review of their health and medicines needs.
- The named GP worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs.

Families, children and young people

Good

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

Summary of findings

- 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 for all standard childhood immunisations were similar to the local Clinical Commissioning Group (CCG) immunisation rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 94%, which was above the national average of 82%.

Working age people (including those recently retired and students)

Good

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 appointment telephone line was open between 8.30am and 6.30pm and extended hours were offered one evening per week.
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients with a learning disability and carried out annual health checks for these patients.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice 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.
- The practice worked closely with local communities including a refugee and migrant centre to discuss how it could effectively support the health care needs of the growing migrant population that had registered with the practice.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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 carried out advance care planning for patients with dementia.
- The practice held a register of 15 patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 92% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was comparable to the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100%, which was higher than the national average of 84%. The practice clinical exception rate of 5.9% for this clinical area was lower than the local CCG average of 7.7% and the England average of 8.3%.
- All staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above the local and national averages in all areas. A total of 390 surveys (22% of the patient list) were sent out and 93 (24%) responses were received, which is equivalent to 5% of the patient list. The percentage of responses received was lower than the England response rate of 38%. Results indicated the practice performance was higher than other practices in some aspects of care. For example:

- 97% 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%.
- 86% 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 70%, national average 76%).
- 76% 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%).
- 68% 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 73%, national average 80%).
- 98% 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 22 comment cards, 20 of these were positive and two contained some negative comments. The negative comments were related to the length of time patients waited to get an appointment and the time spent waiting to be seen at an appointment. Positive comments received from patients said the practice was safe and hygienic, staff listened, were very kind and welcoming and the GPs were attentive to patients' needs. We spoke with two patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Patients told us that they were satisfied with the care provided by the practice, felt that they received good treatment were listened to and treated with respect.

The practice monitored the results of the friends and family test monthly. The results for June 2015 to June 2016 showed that 136 responses had been completed and of these, 71 (52%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 38 (28%) patients were neither likely or unlikely to recommend the practice. The remaining results showed that nine (7%) patients were unlikely to recommend the practice, nine (7%) were extremely unlikely to recommend the practice and nine (7%) patients stated that they did not know if they would recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received and also raised the same concerns about the appointment system at the practice.

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Areas for improvement

Action the service MUST take to improve

- Ensure necessary employment checks are completed for all staff employed and that the required information in respect of persons employed by the practice is held.

Action the service SHOULD take to improve

- 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 the practice's arrangements for sharing alerts, best practice guidance and the learning outcomes from significant events, incidents and near misses with staff.
- Review complaint handling procedures and establish a system for identifying, receiving, recording, handling and responding to verbal complaints.

Dr Shoeb Suryani

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector with the support of a GP specialist adviser.

Background to Dr Shoeb Suryani

Dr Shoeb Suryani is registered with the Care Quality Commission (CQC) as an individual GP. The practice is located in Wolverhampton and has good transport links for patients travelling by public transport. There are a small number of parking spaces at the front of the building with off road parking available for patients travelling by car. Services are provided to patients on the ground floor of the premises and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of a lead GP, a salaried GP (one male and one female). The lead GP works five sessions per week and the salaried GP four sessions. The lead GP is also the owner of the practice. The GPs are supported by a practice nurse and a healthcare assistant, who both work part time. Clinical staff are supported by a practice manager, business manager and seven administration / receptionist staff. Two of the reception/administration staff have a dual role and also work as healthcare assistants. In total there are 12 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 is open between 8.30am and 6.30pm Monday, Wednesday, Friday, 8.30am to 7.30pm on Tuesday and 8am to 1pm on Thursday. Appointments are from 9am to 11.30am every morning, 1.30pm to 3.30pm on Monday, 4.30pm to 6.50pm on Tuesday, 4.30pm to 5.50pm on Wednesday and 3.30pm to 4.50pm on Friday. This 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 Wolverhampton Doctors on Call service when the practice is closed on Thursday afternoons from 1pm to 6.30pm. Patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 1,769 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the care of patients with a learning disability. The practice has a higher proportion of mainly male patients aged 45 to 54, 60 to 69, 75 to 79 and 85 plus years when compared with the average across England. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England.The level of income deprivation affecting children of 34% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (29% 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

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 our inspection, 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 27 June 2016.

During our inspection 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a computerised system in place for reporting and recording significant events. Staff told us they would inform the practice manager and or the GPs of any incidents to ensure appropriate action was taken. The practice manager was responsible for disseminating safety alerts. The practice carried out searches to determine if patients were affected by the alerts and there were systems in place to ensure they were acted on. However although staff told us that alerts were discussed to ensure an open and transparent approach to learning there was no evidence to confirm this. The practice told us that safety alerts were discussed as a group, these discussions were not recorded.

We found that significant event records were maintained and systems put in place prevented further occurrence. Significant event records were clearly documented. Practice meetings were held every three months. The agenda and minutes of these meetings showed that significant events were a regular agenda item at the meeting. However the records did not demonstrate that learning was shared with staff and external stakeholders. Practice staff told us that learning was discussed as a group. Staff completed incident recording forms 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 four significant events had been recorded over the past 12 months. One of the events reported identified that an urgent referral was not actioned within the required timescale. The incident was discussed with GPs and reception staff. The referral procedures at the practice were reviewed and changes made to improve the systems. Staff were identified to be responsible for reviewing and monitoring the progress of referrals and ensuring that patients received an appointment within the time stated. Significant event records and minutes of meetings did not demonstrate that incidents were followed up to demonstrate that any changes made were appropriate.

Overview of safety systems and processes

The practice had arrangements in place to safeguard vulnerable 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. Notices in the practice ensured that safeguarding contact details were easily accessible to staff. One of the GPs was the lead for safeguarding. GPs and the practice nurse were trained appropriate to their role and had completed safeguarding training at level three and the other staff were trained to level two. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The practice routinely reviewed and monitored children who did not attend hospital appointments, immunisation appointments. They also monitored both adults and children who made regular visits to the accident and emergency department. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The practice shared suspected safeguarding concerns with health visitors linked to the practice and other relevant professionals. This involved where necessary providing reports for external agencies, such as social workers and the local safeguarding team.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. Two reception staff and the practice nurse acted as chaperones. The receptionists had received training to support them in this role and training records were seen to confirm this. Both receptionists had criminal records checks completed through the Disclosure and Barring Service (DBS). We could not find evidence to confirm that the nurse had a criminal records check completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. Comments received from patients also confirmed this. 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. The practice had achieved a general audit score of 86% for its ratings in a local Clinical Commissioning Group (CCG) infection prevention and control audit. This score meant that the practice was performing below the standard set by the local CCG. We saw evidence that action had been taken to address any 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.

The arrangements for managing medicines, including emergency and high risk medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The local prescribing advisor linked to the practice had carried out medicine reviews with patients who were taking four or more medicines. Systems were put in place to help patients take medicines appropriately and prevent the risk of harm. Prescription pads and forms were securely stored and their use monitored. 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 these were not consistently complete to confirm that appropriate recruitment checks which had been undertaken prior to employment for all staff. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Records were not available to confirm that the GPs and Nurse had a criminal records check completed. The practice had an appropriate protocol in place to support the safe employment of locum GPs. However we found that the practice had not followed its policy to complete all employment checks for locums that had provided clinical sessions at the practice in the preceding 12 months. For example, there was no evidence of a DBS check, medical indemnity, and no safeguarding training and reference requests. The healthcare assistant carried out an extended role when providing care to patients. The practice was unable to confirm that the healthcare assistant had indemnity protection in place to cover this role. We were reassured by the practice that these safety recruitment checks would be completed.

Monitoring risks to patients

The lead GP was responsible for the maintenance and management of the premises. The practice did not have formal arrangements in place for monitoring and managing risks to patient and staff safety. However the practice had addressed some of the main risks needed to ensure that the premises and equipment were safe for patients. These included fire risk assessments, checking of fire alarms, emergency lighting, Control of Substances Hazardous to Health and infection control. We saw that any risks identified had mitigating actions recorded to reduce and manage the risk. We saw that an action plan had been developed following a fire risk assessment to address 10 significant recommendations made in the report. We saw that a legionella risk assessment had been carried out in June 2016 and the practice had put systems in place to address the recommendations made. (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. 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.

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

Requires improvement

Are services safe?

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received recent annual update training in basic life support. 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 childrens' 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. A copy of the plan was also kept of site.

Good

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 nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. New guidance was discussed at practice meetings. Staff gave an example of new guidance received related to the prescribing of medicines used to treat patients with diabetes. 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 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 practice achieved 98% of the total number points available for 2014/15 which was above the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 5.5% was lower than the local CCG average of 7.5% and 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:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was higher than the local and national average (89% compared to the local average of 75% and England average of 78%). The practice exception reporting rate of 3.8% showed that it was lower than the local average of 6.4% and the England 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 96%. This was higher than the local CCG average of 91% and England average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 4% showed that it was lower than the local average of 6.8% and national average of 11.1%.
- Performance for mental health related indicators was higher 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 92% compared to the local CCG and England average of 88%. The practice clinical exception rate of 7.1% 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 higher than the national average (100% compared to the local CCG average of 82% and England average of 84%). The practice clinical exception rate of 5.9% for this clinical area was lower than the local CCG average of 7.7% and the England average of 8.3%.

The practice had performed well overall when compared to the local CCG and England averages. To keep their exception reporting rates down the practice had an effective call and recall system in place to ensure that patients who failed to attend appointments were followed up. The practice was aware of one area where the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) was lower (0.49) when compared to other practices in the local CCG of 0.62 and England average of 0.71. Prevalence is the proportion of practice patient population likely to have a condition. The practice looked at the prevalence of long term conditions to ensure they would be appropriately monitored. We saw that the CCG benchmarked the practice against other practices in the locality. The GPs attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed. One of the issues recently discussed involved a review of emergency hospital admissions that had taken occurred over a 6 month period.

Clinical audits were carried out to demonstrate quality improvements and to improve care, treatment and

patients' outcomes. The practice told us that they had completed 24 audits over the past 12 months. Evidence was not available to confirm this but we did see records for three audits completed over the last year. One of the audits looked at whether the practice was following NICE published clinical guidelines for the management of patients with heart failure. The practice had a register of 22 patients with heart failure. The audit identified that six of these patients were suitable to be managed and treated in line with the NICE guidelines. The patients were reviewed and any improvements required and changes in treatments were implemented where appropriate and monitored. The practice planned to repeat this audit. Records showed that one of the remaining two audits related to joint injections had a second cycle completed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. This covered such topics as equality and diversity, health and safety, chaperoning, moving and handling, safeguarding, infection prevention and control, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

All staff had received a recent appraisal and records contained details of development plans. The GPs and practice nurse had all completed clinical specific training updates to support annual appraisals and revalidation. The practice nurse received training and attended regular updates for the care of patients with long-term conditions, cytology and administering vaccinations. The practice nurse also attended local peer group meetings with other practice nurses to keep up-to-date with new practices.

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. Staff were aware of their responsibilities for processing, recording and acting on any information received. This included 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 patient's to secondary care such as hospital or to the out of hours service. Evidence was available to show that the practice had a system in place to follow up patients that had not attended reviews of their condition either at the practice or at the hospital.

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. The practice also worked closely with other health professionals who carried out clinics at the practice. These included a midwife, a counsellor and a chiropodist. The practice had developed effective links with local care homes to ensure the coordination of services to patients in care homes. Although not on a regular basis the practice had held multi-disciplinary team meetings to discuss patients on the practice palliative care register approximately every six months. Minutes of meetings were available to confirm this. Contact was maintained between meetings through telephone calls.

Consent to care and treatment

We found that 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, 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

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients had access to appropriate health assessments and checks. The practice actively promoted campaigns for flu vaccinations, blood pressure checks and sexual health. Patients were signposted to relevant health promotion services for example, smoking

Good

Are services effective?

(for example, treatment is effective)

cessation clinics and dietary advice. 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 practice had a comprehensive screening programme. 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 better than the local CCG average. For example, the practice childhood immunisation rates for children:

- under two years of age ranged from 93% to 100%, (England average 74% to 96%),
- aged two to five 89% to 100%, (England average 84% to 96%)
- aged five year olds from 74% to 100%, (England average 77% to 95%)

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 94% which was higher than the local CCG average of 78% and 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 25-64; attending cervical screening within target period (3.5 or 5.5 year coverage) was higher than the England average (83% compared to the average across England of 72%). Data for other cancer screening indicators such as bowel cancer were comparable to the local CCG.

Good

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 kept clear to promote 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.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 22 completed cards. Most comments about the service and staff were positive. Patient's comments included that they received good care, and that they were treated with respect always. We spoke with two patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Results from the national GP patient survey results published in January 2016. Patient responses to their satisfaction with consultations with GPs was below but above average for nurses. For example:

- 77% 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%.
- 71% of the patients who responded said the GP gave them enough time (CCG average 83%, national average 87%).
- 85% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 80% 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%).
- 97% 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%).
- 96% 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 above the local CCG and national average. Data showed that:
- 98% 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

Results from the national GP patient survey published in January 2016 showed that patient satisfaction was below average with how GPs involved them in planning and making decisions about their care and treatment but above average for nurses. For example:

- 74% 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%.
- 71% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 99% 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%)
- 90% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

The practice was aware of the areas in which they were performing lower than the local and national averages and followed up these results when carrying out patient surveys at the practice.

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

Good

Are services caring?

of support groups and organisations. There were 30 carers on the practice carers register, which represented 1.7% of the practice population. The practice's computer system alerted the GPs and nurse if a patient was also a carer. Patients who were identified as carers were offered a flu vaccination and health checks.

The practice had a bereavement policy in place. This detailed the action to be taken when a patient registered with the practice died. Staff told us that if families had suffered bereavement, their usual GP contacted them 72 hours following the death to offer support to the family. Staff said that patients were offered a consultation at a flexible time and location, which could be a visit to the family home if appropriate. 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.

Good

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:

- A fortnightly shared clinic was held at the practice in partnership with a local substance misuse recovery support service.
- The practice offered patients who experienced poor mental health continuity of care and appointments with a counsellor.
- The practice offered other community ran clinics at the practice such as chiropody and a hearing clinic to support patients receiving care locally.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Vulnerable patients had access to a dedicated mobile contact number which could be used to seek advice over the phone if they had any concerns.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice offered extended clinic appointments on Tuesday evenings for working patients who could not attend during the normal opening hours. The practice also offered online access to making appointments and ordering repeat prescriptions.
- Telephone consultations were available every day after morning and evening clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The majority of the practice population (90%) were English speaking. Translation and interpreter services were available to patients whose first language was not English.
- Facilities for patients with mobility difficulties included level access to the doors of the practice and adapted toilets for patients with a physical disability. The front doors to the practice were not automatic. Practice staff offered to support patients with physical difficulties and used a wheelchair to access the practice.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Wednesday, Friday, 8.30am to 7.30pm on Tuesday and 8am to 1pm on Thursday. Appointments were from 9am to 11.30pm every morning, 1.30pm to 3.30pm on Monday, 4.30pm to 6.50pm on Tuesday, 4.30pm to 5.50pm on Wednesday and 3.30pm to 4.50pm on Friday. Extended hours appointments were offered from 6.30pm to 6.50pm on Tuesdays. This 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 Wolverhampton Doctors on Call service when the practice was closed on Thursday afternoon. Evening and weekend cover was provided by Vocare via the NHS 111 service.

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

- 88% of patients were satisfied with the practice's opening hours compared to the local average of 79% and England average of 78%.
- 98% patients said they could get through easily to the surgery by phone (local average 70%, England average 73%).

The practice was aware through the outcome of surveys of the negative comments related to the length of time patients waited to get an appointment and the time spent waiting to be seen at an appointment. The practice discussed these issues at practice meetings and with the patient participation group (PPG). Access to the practice and the appointment system was continuously reviewed by the practice to make improvements and improve patients' experience.

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. The practice operated a telephone triage system and patients were contacted following the morning and evening clinics. Non-clinical staff would refer any calls which caused concern or they

Good

Are services responsive to people's needs?

(for example, to feedback?)

were unsure of to a clinician for advice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Information in the patient leaflet and on the practice website informed patients to contact the practice after 10.30am if they required a home visit. The priority of the visit was based on the severity of their condition. The GP made a decision on the urgency of the patients' need for care and treatment and the most suitable place for this to be received.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However, the complaints procedure was not in line with recognised guidance and contractual obligations for GPs in England. For example, information on how patients could make a complaint was not easily accessible to patients and there was no poster in the waiting area. Patients were not made aware that they had to ask reception staff for the complaint leaflet. The practice manager was the designated responsible person who handled all complaints at the practice. The practice did not maintain a log of verbal complaints received.

The practice had received three complaints in the last 12 months. We reviewed each complaint as part of the inspection and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. Complaints were discussed with staff and at practice meetings.

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 planned to provide effective, quality and personalised care to meet the health needs of all patients and achieve good outcomes. Staff and patients felt that they were kept informed about any future plans for the practice. For example 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. The GPs and the management team had identified that the main challenge to them, patients and staff were the limitations of the premises and were looking at how this could be addressed. There had been no decisions made as to how to address this and move forward.

Governance arrangements

We found that although the practice had a governance framework to support the delivery of the practice's strategy for good quality care in some areas needed strengthening.

- 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.
- We found that the management and leadership team had a comprehensive understanding of the performance of the practice.
- Clinical and internal audit had been carried out and was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks and implementing mitigating actions. However recruitment procedures were not consistently followed to ensure that all necessary employment safety checks were completed.
- Practice specific policies were implemented and were available to all staff.
- There was a lack of detailed records to confirm that alerts, significant events and incidents were shared with staff, to confirm learning and that ongoing monitoring of events had taken place to ensure that systems put in place were appropriate.

Leadership and culture

The lead GP at the practice had the experience, capacity and capability to run the practice and ensure high quality care. There was a clear leadership structure in place and staff felt supported by the management. Staff told us that the GPs and the management team were approachable and always took the time to listen to all members of staff. 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 lead GP and management team encouraged a culture of openness and honesty. There were support systems in place for all staff on how to communicate with patients about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, relevant information and a verbal and written apology.

Regular practice and clinical meetings for all staff were held and staff felt confident to raise any issues or concerns at these meetings. Topics on the agenda included staff issues, complaints, procedures, clinics and appointments. A copy of the minutes of the meetings were available to staff who could not attend the meeting. 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 patient participation group (PPG) and through surveys and complaints received. The practice carried out a survey in 2015. Responses were received from 50 patients between the ages of 21 and 80 years. The questions asked were related to access to the practice. The majority of the responses were positive. Responses showed that 28% of patients felt that waiting times at an appointment was

Are services well-led?

Good

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

satisfactory and 80% of the patients would like the practice to open at weekends. The practice had discussed the results of the survey in depth with patients at one of the PPG meetings. Patients also had access to an online patient satisfaction survey. The practice had an active patient participation group (PPG), with a membership of about 22 patients. Formal meetings were held every three months and minutes were available to confirm this. Attendance at the meetings varied some members preferred to receive emails. The practice manager attended the meetings to ensure that the members were updated on developments at the practice and locally.

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

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this. However there was limited documentation to demonstrate learning, action to be taken and the ongoing monitoring to demonstrate that the action taken was appropriate. The practice was involved in local pilot initiatives which supported improvement in patient care across Wolverhampton. The practice took part in university linked research projects.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • The provider had not ensured that they had made all appropriate checks on persons employed for the purposes of carrying on a regulated activity before they are employed.