

Northway Medical Centre

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 Northway Medical Centre on 14 April 2016. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff regularly conducted reports and analysed data through ongoing reviews and audit work.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans.
- There were some arrangements for managing and mitigating risk. However, we identified that actions within the legionella risk assessment had not been completed.
- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- We observed the premises to be visibly clean and tidy. Information for patients about the services available was easy to understand, accessible and available in a variety of formats.

Summary of findings

- We found some gaps in the record keeping for staff files such as no record of references and registration with the appropriate professional body for the locum GP and were no records of disclosure and barring checks (DBS checks) for the healthcare assistants. We saw records to demonstrate that the practice had signed up to a group scheme and that they were in the early stages of having staff members DBS checked.
- Prescription stationery was securely stored, however the practice did not have a system in place to track and monitor the use of the prescription pads used for home visits.
- The practice had an active patient participation group which influenced practice development.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Improve the overall management of Human Resources; ensure that robust recruitment procedures are in place for all staff as required, prior to working at the practice.

The areas where the provider should make improvement are:

- Ensure that the actions identified within the legionella risk assessment are completed as required to continue to manage potential risks.
- Ensure that prescription pads used for home visits are adequately tracked and monitored in line with national guidance.

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.

Requires improvement



- There was a system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were no records of disclosure and barring checks (DBS checks) for the healthcare assistants. The practice had identified the need to complete DBS checks for the whole practice team; we saw records to demonstrate that the practice had signed up to a group scheme and that they were in the early stages of having staff members DBS checked.
- The practice used regular locum GPs to cover if ever the GPs were on leave. However, there were gaps in the records for the locum GPs such as no record of references and registration with the appropriate professional body.
- Prescription stationery was securely stored, however the practice did not have a system in place to track and monitor the use of the prescription pads used for home visits.
- Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. However, we saw that the actions identified within the legionella risk assessment had not been completed; such as weekly temperature checks.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly multi-disciplinary team meetings and gold standards framework for end of life care (GSF) reviews took place.
- Although staff regularly conducted reports and analysed data, the practice did not have a programme of completed clinical audits.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were satisfied with the care provided by the practice and that their dignity and privacy was respected. We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Results from the national GP patient survey published in January 2016 showed that patients were happy with how they were treated and that this was with compassion, dignity and respect.
- There was a practice register of all people who were carers and 2% of the practice list had been identified as carers. The practice offered flu vaccinations and annual reviews for anyone who was a carer.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. Clinical staff carried out home visits for older patients and patients who would benefit from these.

Summary of findings

- Results from the national GP patient survey published in January 2016 highlighted positive responses with regards to access to the service.

Are services well-led?

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

- Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the practices vision.
- The practice encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.
- The management team had recognised the need to have more formal staff meetings. Staff we spoke with highlighted that although they communicated effectively as a team on a daily basis, as a whole they would benefit from a regular practice meeting. The practice effectively used memo's a communication tool; we saw many examples of memos circulated to staff.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group which influenced practice development.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Practice data highlighted that flu vaccination rates for the over 65s was 80%, compared to the national average of 73%.

Good



People with long term conditions

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

- The practice offered a range of clinical services which included care for long term conditions.
- Performance for overall diabetes related indicators was 98% compared to the CCG average of 89% the national average of 88%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice data highlighted that flu vaccinations for those patients in the at risk groups was 80%, compared to the national average of 52%.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Childhood immunisation rates for under two year olds ranged from 80% to 100% compared to the CCG averages which ranged from 40% to 100%.
- Immunisation rates for five year olds ranged from 98% to 100% compared to the CCG average of 94% to 98%.
- The practice offered urgent access appointments for children

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 practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered extended hours on Mondays until 7:30pm. The practice nurses also offered nurse services during extended hours for those who could not attend the practice during core hours.

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 offered longer appointments for patients with a learning disability.
- 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.
- Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Good



Summary of findings

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).

- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Data showed that diagnosis rates for patients identified with dementia was 99% compared to the CCG and national average of 95%.
- Practice data highlighted that 7% of their patients diagnosed with dementia had care plans in place and 72% had received a review within the last 12 months. The practice continued to work on this through conducting regular data analysis work and implementing actions for improvement.
- Performance for mental health related indicators was 96% compared to the CCG average of 96% and national average of 93%.

Good



Summary of findings

What people who use the service say

The practice received 120 responses from the national GP patient survey published in January 2016; this was a response rate of 50%. The results showed the practice was performing above local and national averages in all areas. For example:

- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 96% described the overall experience of their GP surgery as fairly good or very good compared to the CCG and national average of 85%.

- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with 17 patients during our inspection including 10 members of the patient participation group (PPG). Service users completed one CQC comment card. Patients and the comment card gave positive feedback with regards to the service provided.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Improve the overall management of Human Resources; ensure that robust recruitment procedures are in place for all staff as required, prior to working at the practice.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure that the actions identified within the legionella risk assessment are completed as required to continue to manage potential risks.
- Ensure that prescription pads used for home visits are adequately tracked and monitored in line with national guidance.

Northway Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC Inspector.

Background to Northway Medical Centre

Northway Medical Centre is a long established practice located in the Lower Gornal areas of Dudley. There are approximately 4500 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners, a nurse practitioner and three health care assistants. Northway Medical Centre is a two partner training practice encompassing trainee GPs, foundation year doctors and medical students from Birmingham University. During our inspection there were two GPs in training at the practice.

The GP partners, practice manager and assistant practice manager form the practice management team and they are supported by a team of nine receptionists, two secretaries and a data analyst.

The practice is open for appointments between 8am and 6:30pm during weekdays; the practice offers extended

hours on Mondays between 6:30pm and 7:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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

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

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

- Older people
- People with long-term conditions

Detailed findings

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 14 April 2016.

- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. We viewed a summary of 10 significant events that had occurred since January 2015, these were discussed with staff during significant event and complaints meetings and we saw minutes of meetings which demonstrated this. Staff told us how learning was shared during these meetings and we saw examples of memos which were circulated to staff members who could not attend the meetings.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One of the GPs was the lead member of staff for safeguarding. The GP attended monthly safeguarding meetings and provided reports where necessary for other agencies
- The practice monitored patient safety alerts; safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken.
- We viewed three staff files, some of the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. However, there were no records of disclosure and barring checks (DBS checks) for all members of the clinical team. We saw that the practice had assessed the risk of this and had identified the need to complete DBS checks for the whole practice team; we saw records to demonstrate that the practice had signed up to a group scheme and that they were in the early stages of having staff members DBS checked.
- The practice used regular locum GPs to cover if ever the GPs were on leave. However, there were gaps in the records for the locum GPs such as no record of references and registration with the appropriate professional body.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the nursing team would usually provide a chaperoning service. Occasionally some members of the reception team would act as chaperones. We saw that some members of the nursing team had received a DBS check and that the practice had risk assessed in the absence of DBS checks for some of the staff members who would occasionally act as chaperones. The risk was assessed as low and records highlighted that chaperones would never be left alone with patients.
- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training. There was a protocol in place, we saw records of completed audits and that action was taken to address any improvements identified as a result.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored, however the practice did not have a system in place to track and monitor the use of the prescription pads used for home

Are services safe?

visits. During our inspection members of the management team assured us that a system would be implemented with immediate effect to ensure that these could be tracked and monitored.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patients' and staff safety. We saw records to show that regular fire alarm tests and fire drills had taken place. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of

substances hazardous to health and legionella. However, we saw that the actions identified within the legionella risk assessment had not been completed; such as weekly temperature checks.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator and oxygen with adult and children's masks on the premises. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines were in date and records were kept to demonstrate that they were regularly checked and monitored.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 97% of the total number of points available, with 4% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- Performance for overall diabetes related indicators was 98% compared to the CCG average of 89% the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.

There were 24 patients on the practices mental health register. Performance for mental health related indicators was 96% compared to the CCG average of 96% and national average of 93%. Practice data highlighted these patients were regularly reviewed, 63% had received a

review within the last 12 months. There were 29 patients on the practices dementia register. QOF data showed that diagnosis rates for patients with a dementia were 99%, compared to the CCG and national average of 95%. The practice shared a report which highlighted that 7% of their patients diagnosed with dementia had care plans in place and 72% had received a review within the last 12 months. The practice continued to work on care plans and patient reviews through conducting regular data analysis work and implementing actions for improvement. For example, a report was produced in February which highlighted a further 34 patients who were due for dementia screening; these were since reviewed by members of the nursing team.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a fortnight. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics. The practice shared records of a single cycle clinical audit which was due to be repeated. The aim of the audit was to assess the prescribing of medicines used to lower cholesterol levels. The audit highlighted that out of 567 patients reviewed, 38 (6%) should have been prescribed with the specific medicine used to lower cholesterol levels. A number of actions were applied as a result of the audit, including strengthening recall systems for patients on repeat prescriptions. The practice also carried out regular reviews of their population and chronic disease registers to ensure patients were regularly reviewed for medication needs and were offered opportunistic health promotion.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including diabetes, COPD and asthma care.
- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

Are services effective?

(for example, treatment is effective)

- Staff received regular reviews, annual appraisals and regular supervision. The practice had supported staff members through a variety of training courses. For example, the nurse practitioner had completed courses in antimicrobial prescribing and diplomas in COPD and asthma care. Further discussions with the team demonstrated that they were also supported in attending external training updates. These included updates on diabetes care as well as regular attendance at nurse and GP educational events. In addition to extended and in-house training, staff made use of e-learning training modules.
- There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated.

Coordinating patient care and information sharing

All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Multi-disciplinary team meetings and palliative care meetings took place on a regular basis with representation from other health and social care services. We saw minutes of meetings to support that joint working took place and that vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw that the practice's palliative care register the gold standards framework for end of life care (GSF) register was regularly reviewed and discussed to support the needs of patients and their families. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. The practice had 51 patients on their palliative care register; most of these patients had care plans in place with regular health reviews implemented.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

- There were 9 patients on the practice's learning disability register. The practice shared a report which highlighted that 22% of the practice's patients with a learning disability had a care plan in place, these patients were also regularly reviewed.
- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. Practice data highlighted that 48 patients were on the register, these patients were regularly reviewed and 6% had a care plan in place.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. The healthcare assistants also visited patients at home to carry out health checks for older patients and patients who could not attend the surgery. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- Practice data highlighted that smoking cessation advice had been given to 197 (3%) of their patients who smoked, 10 patients (5%) had successfully stopped smoking as a result.

Are services effective?

(for example, treatment is effective)

- The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 70 year olds was 81% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 69% compared to the CCG and national averages of 58%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 80% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 98% to 100% compared to the CCG average of 94% to 98%.
- Practice data highlighted that flu vaccination rates for the over 65s was 80%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 80%, compared to the national average of 52%. Staff explained that they had completed a drive on their flu clinics which contributed towards their successful flu uptake.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. There was a segregated area in reception to encourage people to wait behind the line to reduce the risk of conversations being overheard at the reception desk. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with seven patients on the day of our inspection and 10 members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring. We received one completed CQC comment card, positive comments were made to describe the service and staff were described as helpful and efficient.

Results from the national GP patient survey (published in January 2016) showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 88% and national averages of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national averages of 95%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.

- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2% of the practice list had been identified as carers. The practice offered flu vaccines and annual reviews for anyone who was a carer. The practice also displayed information containing supportive advice for carers as well as a range of information to signpost carers to other services for further support.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered extended hours on Mondays until 7:30pm. The practice nurses also offered nurse services during this time for those who could not attend the practice during core hours.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system.
- The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.

Access to the service

The practice was open for appointments between 8am and 6:30pm during weekdays; the practice was open later on Mondays when extended hours were offered between

6:30pm and 7:30pm. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 highlighted positive responses with regards to access to the service:

- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 77% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 71% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The patients we spoke with during our inspection and the completed comment card gave positive feedback with regards to the service provided.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements.
- We saw a notice on display in the waiting area advising patients to speak with the practice manager if they had any concerns or complaints. The practice website and leaflet also guided patients to contact the practice manager to discuss complaints.

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

- The practice continually reviewed complaints to detect themes or trends.

The practice shared records of the three complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses

demonstrated openness and transparency. We saw that learning from complaints was regularly discussed in complaint and significant event meetings, shared learning included reminders to staff on checking patient demographics in line with data protection guidelines.

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's vision was to provide our patients with high quality, accessible care in a responsive, courteous manner. We spoke with nine members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they felt involved in the practice's plans. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the practice's vision.

Governance arrangements

- There was a clear staffing structure with supporting organisation charts in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including palliative care and child health as well as non-clinical leads data management and patient participation group (PPG) coordination.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet.
- There were some arrangements for identifying, recording and managing risks. There was a systematic approach to working with other organisations to improve patient care and outcomes.

Leadership, openness and transparency

The GP partners, practice manager and assistant practice manager formed the management team at the practice. The team encouraged a culture of openness and honesty. They were visible in the practice and staff commented that all members of the team were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with one another.

The GP partners held regular partner meetings and members of the management team frequently attended practice business meetings. The management team

explained how they had recognised the need to implement a formal programme of staff meetings. Staff we spoke with highlighted that although they communicated effectively as a team on a daily basis, as a whole they would benefit from a regular practice meeting. This was discussed as part of the practice's plans moving forward. The practice manager explained that they were able to regularly engage with other practice managers by regular attendance at the Dudley practice manager alliance (DPMA) meetings.

The practice effectively used memo's as a communication tool in-between meetings and to document any key points verbally communicated within the team. We saw many examples of memos circulated to staff which included updates to the complaints policy, reminders when booking childhood immunisations and a reminder on chaperone guidelines. Staff were asked to sign the memos to confirm that they had read and understood the content.

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 an active patient participation group (PPG) which influenced practice development. The PPG consisted of 16 members including a PPG chair. The PPG met as a group every quarter with regular attendance by practice staff. The practice shared a range of minutes and PPG event information to demonstrate how the group interacted with other organisations by inviting them as guest speakers at the PPG meetings. The PPG also analysed results from in-house surveys and facilitated further patient questionnaires.

We spoke with 10 members of the PPG who had all attended the practice to speak with us as part of our inspection. The PPG explained how they had hosted three successful health promotion events recently including a successful stroke awareness and diabetes event. The practice shared an analysis of these events which highlighted that positive feedback was given by all 39 attendees at the stroke awareness event and by the 27 attendees at the diabetes event. As a result of the diabetes event, three patients were diagnosed with diabetes and offered care plans and further support by the practice. The PPG were actively involved in a number of projects within the practice, including the set-up of a weekly patient

Are services well-led?

Good 

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

walking group which had successfully continued over the years and the facilitation of a community physiotherapist who offered physiotherapy at the practice on a regular basis.

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 Human resource arrangements were not robust; records were not kept to demonstrate that appropriate recruitment checks were completed for all staff prior to employment. We found some gaps in the record keeping for staff files such as such as no record of references and registration with the appropriate professional body for the locum GP and were no records of disclosure and barring checks (DBS checks) for the healthcare assistants.