

Dr Mahbub's Surgery

Quality Report

Brace Street Health Centre
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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Mahbub's Surgery on 2 June 2017. The overall rating for the practice was requires improvement, with an inadequate rating for providing effective services. This was because the management of patient information was not effective.

The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Dr Mahbub's Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 18 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

This practice is rated as Good overall. (The practice was rated requires improvement at our previous inspection on 2 June 2017).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings were as follows:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learnt from them and improved their processes.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice worked closely with other health and social care professionals involved in patient's care.

Summary of findings

Regular meetings were held with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Patients commented that they were treated with compassion, kindness, dignity and respect.
- We found that some of the scores, particularly those for the nurses in the GP Patient Survey published July 2017 were lower than the scores in the July 2016 survey. However, the practice had carried out its own patient satisfaction survey and taken action to address the identified issues.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Review and update the safeguarding policies to include current guidance on modern slavery and female genital mutilation.
- Update the risk assessment of emergency medicines to decide whether a medicine to treat croup in children should be available.
- Update the risk assessments to include blind cords.
- Review the process in place to ensure the identification of significant events.
- Explore ways to improve the uptake of national screening programmes.
- Explore the reasons for the decrease in the national GP survey, especially in relation to the nursing staff, in order to improve patient satisfaction in all areas.
- Consider increasing the availability of on line appointments.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Dr Mahbub's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser. A new specialist advisor on induction also joined the inspection team in an observation role.

Background to Dr Mahbub's Surgery

Dr Mahbub's Surgery is registered with the Care Quality Commission (CQC) as a partnership operating a GP practice (at Brace Street Health Centre) in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Brace Street Health Centre, 63 Brace Street, Walsall, West Midlands, WS1 3PS.

There are approximately 2,486 patients of various ages registered and cared for at the practice. Demographically the practice has a higher than average patient population aged under 18 years, with 34% falling into this category, compared with the CCG average of 24% and England average of 21%. Seven per cent of the practice population is above 65 years which is considerably lower than the CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health condition is 45% which is lower than the local CCG average of 56% and national average of 54%. The practice provides

GP services in an area considered as one of the most deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- One male lead GP partner and five regular locum GPs (three male and two female).
- One lead female part time practice nurse (four mornings a week) and a female part time health care assistant (five mornings and two afternoons a week).
- A practice manager, senior administrator and reception staff.

The practice is open:

- Monday 9am to 1pm and 3pm to 6pm
- Tuesday 9am to 1pm and 4pm to 6pm
- Wednesday 9am to 1pm
- Thursday 9am to 1pm and 4pm to 6pm
- Friday 9am to 1pm and 4pm to 6pm

When the practice is closed during core hours calls are handled by WALDOC. In the out of hours period between 6.30pm and 8am on weekdays and all weekends and bank holidays the service is provided through the NHS 111 service.

The practice offers a range of services for example: management of long term conditions, child development checks and childhood immunisations, contraceptive and sexual health advice. Further details can be found by accessing the practice's website at www.drmahbubsurgery.nhs.uk

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Mahbub's Surgery on 2 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The

practice was rated as requires improvement. The full comprehensive report following the inspection on May 2017 can be found by selecting the 'all reports' link for Dr Mahbub's Surgery on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of Dr Mahbub's Surgery on 18 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 2 June 2017, we rated the practice requires improvement for providing safe services. This was because there was a lack of clear guidance around processes for making changes to patient medicines.

These arrangements had improved when we undertook follow up comprehensive inspection on 18 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The safeguarding policies did not make reference to modern slavery or female genital mutilation. However staff spoken with were knowledgeable of these subjects.
- Contact details for safeguarding teams were on display in treatment and consultation rooms.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff were able to describe and provided documented evidence of a recent safeguarding incident and of the appropriate subsequent response, involving the relevant agencies and following due process. There was also evidence of the learning from this incident being shared within the practice team.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The local IPC team had carried out an audit in October 2017 and the practice obtained a score of 97%.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. The practice had an induction and comprehensive handbook for locum staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw that the sepsis guidelines had been discussed at a clinical meeting and relevant information was on display in the consultation and treatment rooms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The GP held regular meetings with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We saw that the practice had carried out a risk assessment to outline the rationale for not stocking all of the suggested emergency medicines. The risk assessment had been discussed with clinical staff during a clinical meeting. The list of suggested emergency medicines had recently been updated to include a medicine to treat croup in children, which the practice did not stock. We discussed the need to update the risk assessment to decide whether this medicine should be available.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. We saw that antibiotic prescribing was discussed at clinical meetings. In the minutes of clinical meeting held in November 2017 it was noted that the level of antibiotic prescribing was below the clinical commissioning group average.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice had an effective system in place to ensure that repeat prescriptions were not issued when a medicine review was overdue.
- The practice had made improvements since our previous inspection to the guidance around processes for making changes to patient medicines. All changes to patient medicines were checked by a clinician prior to the prescription being issued.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We noted a number of high level windows where blinds were fitted. The practice had not carried out a risk assessment for the blind cords. This was discussed with the practice manager at the time of the inspection.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had recorded three significant events since our last inspection. We saw that significant events were discussed at clinical and practice meetings. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw there had been a breach in the cold chain. The practice had taken appropriate action once the breach had been identified. The breach occurred because the thermostat had accidentally been knocked whilst the fridge was being cleaned. As a result of this incident the fridge was cleaned in a morning to reduce the time the temperature may be out of range, as any errors would be identified when the temperatures were checked in an afternoon.
- We saw that a prescribing error had been identified by the practice pharmacist and discussed at the clinical meeting. The practice had taken appropriate action to address the error, although it had not been recorded as a significant incident.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw that alerts were discussed at the clinical meetings.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 June 2017, we rated the practice as requires improvement for providing effective services. This was because:

- Effective systems for managing patient information were not in place to ensure they were acted on.
- Patient outcome data was below average.
- Uptake of national screening programmes was below average.

These arrangements had improved when we undertook follow up comprehensive inspection on 18 January 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was following guidance and prescribing effectively in the following areas:
- The practice was comparable to other practices for hypnotic prescribing (July 2016 – June 2017). The clinical commissioning group (CCG) and England average daily quantity of hypnotic prescribing was broadly one (for that therapeutic group). The practice average daily quantity was two for patients within that therapeutic group.
- The percentage of high risk antibiotics prescribed (Co-amoxiclav, Cephalosporins or Quinolones) was 3.3%, compared to the CCG average of 3% and the England average of 4.7% (July 2015 – June 2016).
- The practice was comparable to the CCG and national averages for antibiotic prescribing (July 2016 – June 2017). The number of items the practice prescribed was 1.2% compared with the CCG and national average of 1%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. Patients were signposted to external agencies such as Age UK as required.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had identified 74 patients eligible for a health check and 46 of these checks had been carried out.
- The practice participated in the national immunisation programmes for shingles, pneumonia and influenza.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice also used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.
- The most recent published results for 2016/17 showed that 80% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma control. This was higher than the clinical commissioning group (CCG) average of 77% and the national average of 76%. Their exception reporting rate of 1% was below the CCG average of 3% and the national average of 8%.
- 80% of patients with diabetes had a blood pressure reading (measured in the preceding 12 months) within recognised limits. This was the same as the CCG average of 80% and higher than the national average of 78%. Their exception reporting rate of 14% was higher than the CCG average of 6% and national average of 9%.
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was 87% compared with the CCG

Are services effective?

(for example, treatment is effective)

average of 81% and the national average of 80%. The practice exception reporting rate of 23% was the higher than the CCG average of 10% and the England average of 12%.

- Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- Expectant mothers were offered the whooping cough vaccine.
- A poster displayed in the waiting room advised female patients under the age of 50 years on a specific long term medicine to speak with their GP regarding the medicine.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening (2016/17) had increased to 77% (up from 71% for 2015/16), although this was below the 80% coverage target for the national screening programme. An outreach nurse from the clinical commissioning group (CCG) also supported the practice to carry out cervical screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 94% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was comparable with the CCG average of 91% and the national average of 89%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, children in need or with a child protection plan in place, patients with palliative care needs and carers.

People experiencing poor mental health (including people with dementia):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- The practice currently had 15 patients identified as living with dementia.
- 96% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the CCG average of 94% and the national average of 91%. The percentage of patients with a physical and/or mental health condition who had received discussion and advice about smoking cessation was 98% compared with the CCG average of 97% and the national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The clinical commissioning group had supported the Practice with a pharmacist (one session a week) and the Practice had further engaged the same pharmacist for another two sessions per week. This had led to appropriate clinical audits of antibiotics prescribing and timely repeat medication reviews. There was evidence that a combination treatment for pain prescribing had been reduced since the introduction of the practice pharmacist. In addition, there was evidence that antibiotic prescribing had been reduced over the last twelve months.

The practice planned to undertake nine clinical audits between August 2017 and December 2018. We viewed two

Are services effective?

(for example, treatment is effective)

completed audits linked to National Institute for Health and Care Excellence (NICE) best practice guidelines. Both audits demonstrated health improvements. One audit looked at dual bleeding thinning therapy for patients with certain medical conditions. Patients should receive dual therapy for no longer than 12 months unless otherwise indicated by a consultant. The first audit cycle identified seven patients on dual therapy, of which five patients did not have a stop date recorded. Four of these patients had been prescribed the dual therapy longer than 12 months. These patients were reviewed and the medication stopped. The second audit cycle identified three patients on dual therapy, all of which had stop dates recorded in their notes.

The practice also audited its minor surgery activity in respect of infection rates, consent to procedure and clinical diagnosis versus biopsy outcome. However, there was scope to improve the documentation around the minor surgery procedures to include dates and outcomes of samples sent for biopsy.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for 2016/17 showed the practice had improved their performance and had achieved 100% of the total number of points available compared with the CCG and national average of 97%. However, their overall clinical exception reporting rate had increased to 14% which was higher than the CCG rate of 8% and national rates of 10%. The practice was aware of and taking action to address areas where they had higher than average exception reporting.

The documentation around exception reporting was not always up-to-date; for instance, while staff had contacted eligible women for a cervical smear three times (mostly by phone), this was not always recorded using the correct template in the electronic patient record, making it more difficult to adequately audit and reducing transparency.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice had a structured induction process for newly appointed members of staff, including locum staff. Staff were offered ongoing training opportunities. This included appraisals, the opportunity to attend courses and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The clinical staff at the practice met regularly with the community nurses, palliative care team and the community matron to discuss patients identified with palliative care needs and those identified as frail or vulnerable.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

(for example, treatment is effective)

- The practice referred patients with possible cancer using the urgent two week wait referral pathway. There was system in place for recording referrals. Referrals were made through Choose and Book and the appointments given to the patient.
- There was scope to improve the documentation of the two-week referral outcomes, thereby improving the quality of data and corporate governance.
- The practice had a lower prevalence on cancer across all ages than the local and national average.
- The practice was part of a local initiative to encourage participation in the bowel screening programme. This initiative involved following up patients who failed to respond or responded inappropriately to the screening kit.
- Posters informing patients about national screening programmes (breast and bowel cancer) were on display in the waiting room.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice actively encouraged home blood pressure monitoring for patients with high blood pressure.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The health care assistant would benefit from training on mental capacity and consent.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our previous inspection on 2 June 2017, we rated the practice as requires improvement for providing caring services. This was because:

- Data from the national GP survey (published July 2016) showed patients rated the practice lower than others for many aspects of care. No action plans were in place to assess and monitor the areas identified in the survey.
- Care plans were not personalised.
- The number of carers identified was low.

Following this inspection we have rated the practice, and all the population groups, as good for providing caring services. This was because although some of the National GP Survey results published in July 2017 were lower than practices locally and nationally, the patient satisfaction survey demonstrated improvements in patient satisfaction had been made.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they were treated with dignity and respect when they visited the practice.
- Two patients commented that the service provided had improved over the last 12 months and the practice now had a more professional look and feel to it.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixty nine surveys were sent out and 53 were returned. This represented about 2% of the practice population. The practice satisfaction scores on consultations with GPs were below the clinical commissioning group (CCG) and national averages, However, they were similar to those obtained in the July 2016 survey. For example:

- 68% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%. This was a reduction of 4% compared to the previous survey results.
- 74% of patients who responded said the GP gave them enough time compared with the CCG average of 83% and the national average of 86%. This was an increase of 1% compared to the previous survey results.
- 85% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 94% and the national average of 96%. This was the same score as the previous survey results.
- 64% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 82% and the national average of 86%. This was an increase of 1% compared to the previous survey results.

The practice was below the CCG and national averages for its satisfaction scores on consultations with nurses. These scores were lower than the scores obtained in the July 2016 survey. For example:

- 76% of patients who responded said the nurse was good at listening to them compared with the CCG) average of 92% and the national average of 91%. This was a reduction of 4% compared to the previous survey results.
- 82% of patients who responded said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%. This was a reduction of 5% compared to the previous survey results.
- 86% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%. This was a reduction of 11% compared to the previous survey results.
- 79% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and national averages of 91%. This was a reduction of 4% compared to the previous survey results.

Are services caring?

The survey showed that 55% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%. This score was 13% lower than the score obtained in the July 2016 survey.

The practice had identified the three main areas that required improvement from the national GP Survey. The results for 2017 had not been compared to those obtained in 2016 to identify any deterioration in scores. However, the practice had discussed the results with the patient participation group in September 2017 and agreed that an internal satisfaction survey would be undertaken. Eighty patients (3.2% of the practice population) completed a patient satisfaction survey during October and November 2017. Following their consultation patients were asked to rate the nurse or GP that they saw and 100% rated them as very good. The practice survey found that 100% of patients thought the GP was good or very good at giving them enough time, and 100% of patients thought the GP was very good at listening to them. Ninety percent of patients thought reception staff were very helpful and 10% felt they were fairly helpful.

Although the practice was pleased with this result an action plan had been put in place to ensure reception staff continued to receive training in customer service skills.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Notices in the reception area informed patients this service was available and staff were fully aware of how to access interpretation services. Staff told us they automatically booked double appointments when an interpreter was required. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- We saw patients and their carers had access to information to community and advocacy services.

- We saw that care plans had been personalised and were provided to patients in a suitable format, for example easy read for patients with a learning disability.

Following our previous inspection the practice had identified additional patients who were carers. The new patient registration form asked whether a person had a carer or caring responsibilities. Information relating to carers was on display in the waiting area, on the website and an information pack was given to carers. The practice's computer system alerted GPs if a patient was also a carer. The number of carers identified had increased from 20 to 39 (1.5% of the patient list).

- Carers were offered an annual flu vaccination and health check. Ten carers had attended for a health check and 24 carers had received the flu vaccination.
- Staff told us that if families had experienced bereavement, they sent them a condolence letter which included information about support available. Information about bereavement support was on display in the waiting area.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs and nurses were lower than the local and national averages. The scores for the GPs had improved from the scores obtained in the July 2016 survey, although the scores for nurses were lower. For example:

- 75% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%. This was an improvement of 5% compared to the previous survey results.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%. This was an improvement of 13% compared to the previous survey results.
- 74% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%. This was a reduction of 14% compared to the previous survey results.

Are services caring?

- 69% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%. This was a reduction of 17% compared to the previous survey results.

The practice survey found that 100% of patients thought the GP was very good at involving them in decisions about their care and treating them with care and concern.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 June 2017, we rated the practice as requires improvement for providing responsive services. This was because:

- Data from the national patient survey showed lower scores for access than other practices locally and nationally.
- The availability of nurse appointments did not always reflect patient need.

Following this inspection we have rated the practice, and all the population groups, as good for providing responsive services. This was because although some of the National GP Survey results published in July 2017 were lower than practices locally and nationally, the patient satisfaction survey demonstrated improvements in patient satisfaction had been made.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments and a separate telephone number for the hospital and ambulance service to contact the practice to aid quicker communication.
- The practice used text messaging for appointment reminders and results.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were provided for housebound patients and telephone consultations for patients unable to access the practice within normal opening times.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The patient participation group supported the practice with awareness days and poster campaigns to support and sign post patients for additional support. Recent events included bowel cancer screening and diabetes awareness sessions.

- There was a high prevalence of diabetes in the practice population (16% as opposed to the national average of 7%). The practice referred pre-diabetic patients to a diabetes prevention programme.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits and urgent appointments for those with enhanced needs or who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local community nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.
- The practice co-hosted weekly antenatal clinics with the community midwives.
- The practice provided weekly childhood immunisation clinics.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Although the practice did not offer extend hours, GP appointments were available until 6.30pm three days a week.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, who were identified as frail or at risk of a hospital admission.
- Patients with a learning disability were offered longer appointments, an annual review and provided with a health check action plan in an easy read format. The practice worked closely with the specialist learning disability nurse.
- The practice worked with the palliative care team and community nursing teams to support patients

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice worked with the community psychiatric nurses to support patients with mental health needs or dementia.
- The practice was actively screening patients for dementia. Patients living with dementia and their carers were offered regular reviews and written care plans.
- Patients with a mental health diagnosis were offered an annual review of their physical health needs.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than the local and national averages. Three hundred and sixty nine

surveys were sent out and 53 were returned. This represented about 2% of the practice population. These scores were lower than the scores obtained in the July 2016 survey.

- 51% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 80%. This was a reduction of 10% compared to the previous survey results.
- 46% of patients who responded said they could get through easily to the practice by phone compared with the CCG and national averages of 71%. This was a reduction of 17% compared to the previous survey results.
- 45% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 70% and the national average of 76%. This was a reduction of 8% compared to the previous survey results.
- 40% of patients who responded described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%. This was a reduction of 9% compared to the previous survey results.
- 13% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%. This was a reduction of 11% compared to the previous survey results.

The practice had identified the three main areas that required improvement from the national GP Survey. The results were discussed with the patient participation group in September 2017 and it was agreed to carry out an internal satisfaction survey. A total of 80 patients (3.2% of the practice population) completed the patient satisfaction survey during October and November 2017. The practice had reviewed the appointment system in response to the National GP Survey. The practice had changed from a walk in clinic on a Monday to a mixture of urgent, book on the day and pre-bookable appointments available every day of the week.

The practice survey found that 81% of patients rated their overall experience of making an appointment good or very good; however 6% of patients rated their experience as fairly poor. Comments included that patients found it

Are services responsive to people's needs?

(for example, to feedback?)

difficult to book an appointment. If an appointment was not available patients were offered the next available appointment or a same day telephone consultation. The practice had also introduced a waiting list whereby if a same day appointment was not available, patients were added to a waiting list and were called if an appointment became available through a cancellation.

The majority of patients said they were either seen on time (13%) or they waited between five and 15 minutes (81%). However, six percent of patients commented they waited more than 15 minutes to be seen. We saw notices in the waiting room advising patients to tell staff if they had been waiting for more than 20 minutes. Patients were also encouraged to book a longer appointment if they needed to discuss more than one issue. The practice survey found that 94% of patients found getting through to the practice by telephone as very or fairly easy. The practice continued to encourage patients to use the on line booking system although we saw that the number of appointments available to book on line was very limited. The practice had 25% of the patient list signed up for on line services.

The practice agreed with the patient participation group to repeat the survey during January 2018. It would be beneficial to amend the survey to include questions relating to the nursing team.

Only three out of the 29 patient Care Quality Commission comment cards we received commented on access to the practice. Comments included that it was hard to get an appointment as reception was busy, would like appointments a little quicker and difficult to get an appointment with the lead GP. The patient spoken with told they could always get an appointment when they needed one.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had recorded five complaints in the last year. These were verbal, written and comments left on the NHS Choices website. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- We saw that complaints were discussed at practice meetings to make staff aware of the learning from complaints and any specific action that they were required to take.
- We saw that the practice responded to comments left on the NHS Choices website.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. We saw that the process in place for producing repeat prescriptions had been amended. Staff were allocated specific time during the day to carry out this role. In addition those patients who required a blood test prior to a repeat prescription being issued received a text message asking them to contact the practice if their results were abnormal.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 2 June 2017, we rated the practice as requires improvement for providing well led services. This was because:

- Effective systems for managing patient information were not in place to ensure they were acted on.
- Patient outcome data was below average.
- Data from the national patient survey showed lower scores for access than other practices locally and nationally.

These arrangements had improved when we undertook a follow up inspection on 18 January 2018. The practice is now rated as good for providing well led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The nursing staff and administration staff spoke highly of the support provided by the GPs.
- The GP was also the provider for a GP practice in Dudley. There was a reliance on regular locums to provide clinical sessions, and this arrangement was working well at the time of this inspection. Discussion took place around potential plans for the future of the practice although a business / succession plan had not yet been developed.
- **Vision and strategy**
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear vision and set of values. The practice mission statement was on display in the reception area
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that the GP had contacted a patient regarding a missed referral to provide an explanation and to offer a verbal apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood but not always fully effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good 

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

- Improvements had been made to the governance arrangements following our last inspection. All tasks were actioned within the week they were generated. Urgent referrals were completed the same day and non urgent referrals were completed with the week. The practice manager had oversight of the workflow to ensure all tasks were completed.
- Medicine changes on patient notes were only carried out by the lead GP, locum GP on duty or the practice pharmacist. Staff had dedicated administration time to carry these tasks.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example; an environmental health and safety risk assessment had been completed to identify hazards and mitigate potential risks.
- The practice had processes to manage current and future performance. The practice had Practice leaders had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- We saw posters in different languages in the waiting area advising patients about the GP National Survey. The GP National Survey scores were below others in many areas, the practice had reviewed some of the results, although they had not compared the 2017 results against those from 2016. The practice identified some areas for improvement and carried out their own patient satisfaction survey. The practice planned to repeat the survey during January 2018. It would be beneficial to amend the survey to include questions relating the nursing team.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality was discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had reviewed some of the national GP survey results, complaints and comments on NHS Choices to identify any areas for improvement.
- There was a patient participation group (PPG). The PPG had been involved in discussion around the National GP Survey results and practice patient satisfaction survey. We spoke with one member of the PPG, who told us they felt very proud to be part of the group and supporting the practice. The PPG supported the practice with health awareness events.
- The practice had carried out an internal patient satisfaction survey during October and November 2017. An action plan had been developed to address the issues identified. The practice planned to repeat the survey during January 2018.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Good 

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice was involved in a local initiative to peer review referrals to secondary care.
- The practice participated in locally commissioned services, for example: bowel screening and diabetes prevention programme.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.