

Prestwood Road West Surgery

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?		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 carried out an announced comprehensive inspection at Prestwood Road West Surgery on 14 June 2016. Overall the practice is rated as good.

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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could not always get through to the practice on the telephone.
- Patients said that there was not always continuity of care as they did not find it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas where the practice should make improvements:

Summary of findings

- Consider pro-actively identifying carers and establishing what support they are provided with.
- Review the arrangements for ensuring curtains used in patient areas are changed in a timely way.
- Consider carrying out a risk assessment to review access at the reception desk for patients who use wheelchairs.
- Review the arrangements for recording minutes of meetings so that staff involvement in decisions made are clearly demonstrated.

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 good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Records showed that reviews had taken place to ensure that actions taken had improved services.
- When things went wrong patients received reasonable support, relevant information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that the overall achievement of 98% of the available points was above average compared to the locality average of 92% and the national average of 95%.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- Clinical audits carried out demonstrated quality improvement.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, the practice worked with consultants from the local hospital to manage and monitor the care and treatment of patients with long term conditions such as diabetes.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey results published in January 2016 showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had 103 carers on the practice carers register. This was below the recommended guidance of 1% of the practice population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice worked closely with secondary care professionals on initiatives to improve the care of patients with long term conditions.
- Patients were concerned that they could not always get through to the practice on the telephone. The practice was aware of this and was actively trying to address patients' concerns.
- Patients said they did not find it easy to make an appointment with a named GP and there was not always continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population. Home visits and flexible appointments were available for older patients.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice maintained a register of housebound older patients and older patients who required a home visit.
- The practice clinic arrangements included allocating one of the GPs to carry out daily home visits during the practice appointment times.
- The practice had a proactive working relationship with six care homes. Three of the care homes had a named GP and a weekly ward round was carried out at these homes.
- Older patients were offered urgent appointments for those with enhanced needs plus longer appointments which gave them more time to discuss health issues with a clinician.

People with long term conditions

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

Good



- The GPs and practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GP and practice nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice Quality and Outcomes Framework (QOF) for the care of patients with long-term conditions was higher overall compared to the local and national average. For example the practice performance for diabetes related clinical indicators overall was higher than the local Clinical Commissioning Group and England average (93% compared to the local average of 82% and England average of 89%).
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Individual longer clinics led by all three practice nurses were held to review patients with more than one long-term condition to prevent multiple appointments for patients.

Families, children and young people

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

- The practice used an assessment tool to identify and trigger follow up of children living in disadvantaged circumstances and those at risk. This included for example children who repeatedly attended A&E and out-of-hours services.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Babies were given their first immunisations on the same day as mothers were offered their six week postnatal check.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the local CCG average of 78% and England average of 82%.
- Appointments were available outside of school hours and urgent appointments were available for children.
- We saw positive examples of joint working with other professionals.

Good



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 had adjusted some of the services it offered to meet the needs of the working age population, those recently retired and students to provide improved accessibility and flexibility.
- The practice offered on the day pre-bookable appointments, the last pre-bookable appointment was offered at 6pm. Telephone consultations were available.
- Extended hours appointments were offered on Saturday from 8.30am to 11.30pm at the main practice site.

Good



Summary of findings

- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of vulnerable patients which included patients with a learning disability. The practice offered longer appointments for patients with a learning disability.
- An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check and updating care plans.
- The practice was alerted to other patients whose circumstances may make them vulnerable to ensure that they were registered with the practice if appropriate.
- The practice supported patients who misused substances that could negatively affect their health.
- The practice provided a service to patients who suffered domestic abuse.
- Staff were aware of their responsibilities regarding confidentiality, information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations. The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice maintained a register of patients diagnosed with dementia and

Good



Summary of findings

- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 91% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling clinic sessions were held at the practice with an experienced mental health counsellor based in the community.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 90%, which was higher than the national average of 84%.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed that the practice had scored lower in some areas when compared with the local and national averages. A total of 325 surveys (2.3% of the patient list) were sent out and 134 (41%) responses were received, which was equivalent to approximately 1% of the patient list.

- 51% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 76% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 66% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).
- 74% of the patients who responded said they found the receptionists at this practice helpful (CCG average 85%, national average 87%)

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive. Patients said the practice was caring, they received an excellent service

and that all staff listened, were helpful and respectful. We spoke with eight patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. They told us that they were satisfied with the care provided by the practice, that they were always treated as an individual and with respect. Patients expressed mixed views about the ease of getting an appointment and getting through to the practice by telephone.

The practice monitored the results of the friends and family test monthly. The results for January 2015 to December 2015 showed that 1901 responses had been completed and of these, 965 (51%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 595 (31%) patients were likely to recommend the practice. The number of patients that were neither likely or unlikely to recommend the practice was 126 (6%), 87 (5%) patients were unlikely and 93 (5%) were extremely unlikely to recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received and also raised the same concerns about the appointment system at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider pro-actively identifying carers and establishing what support they are provided with.
- Review the arrangements for ensuring curtains used in patient areas are changed in a timely way.
- Consider carrying out a risk assessment to review access at the reception desk for patients who use wheelchairs.
- Review the arrangements for recording minutes of meetings so that staff involvement in decisions made are clearly demonstrated.

Prestwood Road West 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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Prestwood Road West Surgery

Prestbury Medical Practice is registered to provide medical services over three sites within the Wolverhampton area. The main practice is based at Prestwood Road West Surgery, 81 Prestwood Road West, Wednesfield, Wolverhampton WV11 1HT. The branches are located at Bushbury Health Centre, Hellier Road, Bushbury, Wolverhampton WV10 8ED and Dunkley Street Surgery, 41 Dunkley Street, Wolverhampton WV1 4AN. For this inspection a visit was made to the main practice and the branch practice located at Bushbury Health Centre. The practice and branches have good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. There is level access at all sites. Services are provided to patients on the ground floor of each of the premises and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England.

The practice team consists of six GP partners and two salaried GPs (two female and six male). The GPs are supported by an advanced nurse practitioner, four part time practice nurses and three part time healthcare assistants. Clinical staff are supported by a practice management team consisting of a practice manager, a human resources office, finance officer, IT leader, and a practice administrator. Members of the clinical team which includes the advanced nurse practitioner are also part of the management team. There are 17 reception staff (two senior receptionists) and three secretaries. In total there are 52 staff employed either full or part time hours to meet the needs of patients. The practice also use GP locums at times of absence to support the clinicians and meet the needs of patients at the practice. The practice is accredited as a teaching and training practice for medical students and GP trainees.

The main practice and branches are open between the following times:

Prestwood Road West Surgery - This practice is open between 8.30am and 6.30pm on Monday, Wednesday and Friday, 8.30am to 5pm on Thursday and from 8.30am to 1.30pm and 3pm to 6.30pm on Tuesday. The practice is closed for staff training on Tuesdays between the hours of 1.30pm and 3pm.

Bushbury Health Centre - This branch is open between 8.30am and 6.30pm on Monday, Tuesday and Friday, 8.30am to 5pm on Thursday and from 8.30am to 1.30pm and 3pm to 6.30pm on Wednesday. The practice is closed for staff training on Wednesdays between the hours of 1.30pm and 3pm.

Dunkley Street Surgery - This branch is open from 8.30am to 11.45pm and 3.45pm to 6.30pm on Monday, Tuesday,

Detailed findings

Wednesday and Friday and 8.30am to 11.45am on Thursday. Calls to the Dunkley Street branch site between 8am and 8.30am are transferred to the Bushbury Health Centre branch.

The reception telephone lines are open at 8am, Monday to Friday at all practice sites. The practice telephone lines are closed on Thursday at 1pm at the main practice and also at the Bushbury Health Centre branch site. Extended hours appointments are offered on Saturday from 8.30am to 11.30pm at the Prestwood Road West Surgery. This practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by West Midlands Doctors Urgent Care via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 14,000 patients over the three sites. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations, minor surgery and the care of patients with a learning disability. The practice has a higher proportion of patients; mainly female patients aged 50-59 and 65 years plus when compared with the average across England. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. The level of income deprivation affecting children of 27% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (26% compared to 16%).

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 14 June 2016.

During our visit we:

- Spoke with a range of staff including a GP, practice nurses, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members and reviewed how the personal care and treatment of patients was monitored to ensure their needs were safely met.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on.

Significant events were clearly documented at the time they were reported. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Records we looked at showed that 34 significant events, both clinical and operational had occurred between July 2015 and April 2016. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one of the events reported that travel vaccines received at the practice were not put into the fridge immediately. This meant the cold chain was not maintained. Appropriate procedures were followed for the safe destruction of the vaccines where this was advised and a list of the vaccines destroyed completed. All staff were reminded of the importance of following the procedures when vaccines were received.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse. The systems reflected relevant legislation, local requirements and policies. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the appointed lead for safeguarding and staff we spoke with demonstrated that

they understood their responsibilities. The practice could not confirm that all staff had received safeguarding training related to both children and adults. Following the inspection the practice confirmed that all staff had completed safeguarding training for both adults and children. Training at level three had also been arranged for relevant staff to complete later this year. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The practice shared examples of occasions when suspected safeguarding concerns were reported to the local authority safeguarding team. The safeguarding lead told us that attendances at the accident and emergency department were reviewed and discussed with a relevant professional such as the health visitor, a member of the safeguarding team or school nurse to identify any potential safeguarding issue. The practice used a child safeguarding risk assessment screening tool to support its arrangements for safeguarding children from the risk of harm.

Notices displayed in the waiting room advised patients that they could request a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for all staff who carried out chaperone duties (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff told us that they were aware of how they should carry out their role when asked to chaperone, however one member of staff told us that they would stand behind the curtain. This was discussed with the practice and action taken to ensure that all staff were aware of the procedure and their role when carrying out the role of a chaperone.

There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were cleaning schedules in place and cleaning records were kept. One of the nurse practitioners was the clinical lead for infection control. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients were not available in patient areas. A notice in the waiting area by the booking in machine told patients to ask the staff at

Are services safe?

reception for the hand gel. Discussions with staff did not provide a clear explanation for this and we did not observe any patients ask for the hand gel. The practice sent evidence to confirm that hand rub gel dispensers suitable for use at the practice had been purchased the day following the inspection. We noted that the disposable privacy curtains in the treatment room were last changed in August 2015. Infection control guidance recommends that these curtains should be replaced six monthly. Clinical waste disposal contracts were in place. Clinical staff had received occupational health checks for example, hepatitis B status of staff was known and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.

The practice had systems for ensuring that medicines were stored in line with manufacturers guidance and legislative requirements. This included daily checks to ensure medicines were kept within a temperature range that ensure they were effective for use. We found that the records of the temperatures of one of the fridges (No. 2) which stored vaccines ranged from 14 to 17 degrees centigrade. These temperatures exceeded the suitable temperature range for the safe storage of vaccines of between two and eight degrees centigrade. On the day of our inspection staff dealt with the failure of the fridge in line with their own policy and guidance issued by the Public Health England. Staff identified that the temperature of the fridge could not be maintained to ensure the stability of the vaccines and the vaccines were moved to another fridge at the time of the inspection. Following the inspection the practice sent us an email to confirm further action they had taken to address this. The vaccines were destroyed in line with recommendations, a new fridge was ordered and arrangements made for all the fridges used at the practice to be re-serviced and calibrated.

The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found that the current PGDs had not all been signed by the practice nurses and the authorising GP. Appropriate action was taken at the time to address this. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Processes were in place for

handling repeat prescriptions which included the review of high risk medicines and prescriptions for patients who misused substances. All blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We found that there were no arrangements in place to monitor who collected prescriptions for medicines that could cause problems if misused.

We reviewed five staff files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Risk assessments were completed for non-clinical staff who did not carry out a chaperone role.

Monitoring risks to patients

The practice had a comprehensive risk assessment process in place and maintained a risk log which identified the level of risk and mitigating actions to be taken to minimise and manage the risk. Records were available to demonstrate that a number of other risk assessments had been completed to monitor the safety of the premises. There was a health and safety policy available with a poster in the reception area. One of the administration staff was identified as the lead for health and safety. Environmental risk assessments completed included recent fire risk assessments, checking of fire alarms, asbestos assessment, infection control and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment report made recommendations for improvements which the practice had not addressed. We received confirmation after the inspection that the necessary had been completed.

All electrical equipment had been checked in September 2015 to ensure the equipment was safe and clinical equipment had been calibrated in April 2016 to ensure it was working properly. The practice used a blood pressure which contained a column of mercury but did not have a mercury spillage kit to ensure that appropriate health and safety procedures could be carried out. Shortly after the inspection the practice confirmed that a mercury spillage kit had been purchased.

Are services safe?

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. The practice occasionally used GP locums to support the clinicians and meet the needs of patients at the practice. The practice obtained sufficient and appropriate information to confirm that locum staff were suitable to work with patients at the practice and offered locums a formal induction.

Arrangements to deal with emergencies and major incidents

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and stored securely. Reception staff had access to guidance

on the immediate action they should take to manage medical emergencies, this included referral to a GP at the practice. All staff had received annual basic life support training. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

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

The practice had experienced a number of concerns involving aggressive and violent patients. Staff had received training on how to manage these patients safely and systems were in place to protect staff when appropriate. There were panic alarms buttons connected to the practice computer system.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice achieved 98% of the total number points available for 2014/15 which was above the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 12.6% was higher than the local CCG average of 7.5% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) Further practice QOF data from 2014/15 showed:

- Performance overall for diabetes assessment and care was higher than the local and national average (93% compared to the local average of 82% and national average of 89%). The practice exception reporting rate showed that it was higher than the local and national average (15.7% compared to the local average of 8.8% and national average of 10.8%). When considered overall this was not considered to be an outlying area.
- Performance for mental health related indicators was higher than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 91% compared to the local

CCG and England average of 88%. The practice clinical exception rate of 5.1% for this clinical area was lower than the local CCG average of 8.7% and England average of 12.6%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was higher than the national average (90% compared to the local CCG average of 82% and England average of 84%). The practice clinical exception rate of 7.6% for this clinical area was lower than the local CCG average of 7.7% and the England average of 8.3%.

The practice QOF performance and other national clinical targets were comparable to or higher than the local and national averages. There was one area where the practice showed a large variation when compared to other practices. Data showed that the practice had prescribed a high number of specific antibacterial (antibiotics) prescription items used for specific treatment groups. The practice had completed audits with the support of the local clinical commissioning group (CCG) pharmacy team to review this and improvements made. Regular meetings were held to monitor performance and an action plan was developed at each meeting to identify the areas of patients' care that needed to be reviewed.

There was evidence of quality improvement including clinical audit. We saw records for five clinical audits carried out over the past 12 months two of which were two cycle audits. All demonstrated direct benefits to patients. One of the audits looked at whether the GPs followed medicine alerts safety advice for patients prescribed a specific medicine to treat bladder problems. The alert had identified that the medicine could have an adverse effect on patients with uncontrolled high blood pressure and recommends that patients prescribed the medicine should have regular blood pressure checks (BP). The audit showed that of the 22 patients prescribed the medicine identified none of the patients had been diagnosed with uncontrolled blood pressure. The audit also looked at when the patients had last had their BP checked. The results showed that 13 (59%) patients had a BP check in the last six months, five (23%) patients had their BP recorded six to 12 months ago, three patients last recorded BP was more than 12 months ago and one patient had not had their BP recorded. As a result of the audit the practice planned to put a protocol in place to ensure patients

Are services effective?

(for example, treatment is effective)

prescribed this medicine were managed and reviewed in a consistent way. The practice planned to repeat this audit to ensure the protocol was being followed. Other audits carried out included minor surgery and antibiotic prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and external and in-house training. The practice supported clinical staff to attend role-specific training and updates. The GPs and practice nurses had all completed clinical specific training updates to support annual appraisals and revalidation. The practice nurses received training and attended regular updates for the care of patients with long-term conditions and administering vaccinations. The practice was also an accredited teaching and training practice for GP trainees and medical students.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice had an induction programme for all newly appointed staff. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient electronic record system and their shared computer drive. This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care such as hospital or to the out-of-hours service. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice worked with and had access to other professionals which included a midwife who carried a weekly antenatal clinic at the practice.

The practice had 66 patients on its palliative care register. Formal multidisciplinary case review meetings where all the patients on the palliative care register were discussed were held every three months. The minutes for these meetings demonstrated decisions that had been made and changes in the care to be delivered. We saw evidence that the plan of care for these patients was available and followed a recognised framework. The wider multidisciplinary team were involved in the planning and delivery of patients care and treatment. Patients were referred for specialist care when needed, patients wishes on their place of death were observed and decisions related to resuscitation should their health deteriorate was documented.

Consent to care and treatment

We found that staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients had access to appropriate health assessments and checks. Patients were signposted to relevant health promotion

Are services effective?

(for example, treatment is effective)

services for example, smoking cessation clinics and dietary advice. We saw that health promotion information was displayed in the waiting area and also made available and accessible to patients on the practice website.

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

For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 84% to 96%, children aged two to five 91% to 96% and five year olds from 80% to 98%

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for 2014/15 was 80% which was comparable to the England average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of females aged 50-70 years, screened for breast cancer in last 36 months was 70% this was in line with the average across England of 72%. Data for other cancer screening indicators such as bowel cancer were comparable to the England average.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The area around the reception desk was open and to promote confidentiality patients were encouraged to queue away from the desk and not stand directly behind a patient speaking to reception staff at the desk. The reception staff could take telephone calls at the back of the reception area to prevent telephone calls being overheard. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

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

Results from the national GP patient survey results published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average or similar to the satisfaction scores on consultations with GPs and nurses. For example:

- 82% of the patients who responded said the GP was good at listening to them compared to the (CCG) average of 83% and national average of 89%.
- 81% of the patients who responded said the GP gave them enough time (CCG average 83%, national average 87%).

- 95% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 78% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 90% of the patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 93% of the patients who responded said the last nurse they saw or spoke to was at listening to them (CCG average 90%, national average 91%).
- 97% of the patients who responded said they had confidence and trust in the last nurse they saw (CCG average 96%, national average 97%).
- 93% of the patients who responded said the last nurse they saw or spoke to was at giving them enough time (CCG average 91%, national average 92%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 83% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 76% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 89% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%).

Are services caring?

- 88% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

The practice had a carers' policy in place. This provided a definition of a carer for staff, details of the local carer support schemes available and a referral form for the practice to formally refer patients to the scheme. Further written information was available for carers to ensure they understood the various avenues of support available to them. This included notices in the patient waiting room which told patients how to access a number of support

groups and organisations. There were 103 carers on the practice carers register, which represented 0.7% of the practice population. The practice's computer system alerted the GP and nurse if a patient was also a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location, which could be a visit to the family home if appropriate and the family were happy with this. Leaflets and other written information on bereavement was available for patients in the waiting area and on the practice website. Families and carers were signposted to support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- The practice provided a service to a local safe haven for people who suffered domestic abuse.
- Patients who were at the highest risk of an unplanned admission to hospital were supported by individual care plans. If they were admitted to hospital, a GP or nurse practitioner contacted them when they were discharged to reassess their care needs.
- The practice was aware of people who were vulnerable including patients who experienced misuse of medicines and had systems in place to support these patients locally.
- An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check and updating care plans.
- The practice clinic arrangements included allocating one of the GPs to carry out home visits during the practice appointment times. The GP was contacted by one of the reception staff if a request was received for an urgent home visit.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- The practice had a proactive working relationship with six care homes. Three of the care homes had a named GP and a weekly ward round was carried out at these homes.
- Older patients were offered urgent appointments for those with enhanced needs plus longer appointments which gave them more time to discuss health issues with a clinician.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

- There were disabled facilities, a hearing loop and translation and interpretation services available. Consulting rooms were on the ground floor of the premises, a ramp and automatic door access was provided at the front of the building. We saw that the height of the reception desk at the Prestwood site was not accessible to patients in a wheelchair and a risk assessment had not been completed to address this.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- The patients date of birth was used to book their annual review. The practice found that using this date acted as a reminder for patients.
- The practice offered one stop clinics led by all three practice nurses to review patients with more than one long-term condition to prevent multiple appointments for patients.

Access to the service

The main practice and its branches were open at the following times:

Prestwood Road West Surgery, the main practice site was open between 8.30am and 6.30pm on Monday, Wednesday and Friday, 8.30am to 5pm on Thursday and from 8.30am to 1.30pm and 3pm to 6.30pm on Tuesday. The practice was closed for staff training on Tuesdays between the hours of 1.30pm and 3pm.

The branch practice at Bushbury Health Centre was open between 8.30am and 6.30pm on Monday, Tuesday and Friday, 8.30am to 5pm on Thursday and from 8.30am to 1.30pm and 3pm to 6.30pm on Wednesday. The practice was closed for staff training on Wednesdays between the hours of 1.30pm and 3pm. The other branch at Dunkley Street Surgery was open from 8.30am to 11.45pm and 3.45pm to 6.30pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 11.45am on Thursday.

The reception telephone lines were open at 8am, Monday to Friday at the practice and branch sites. Calls to the Dunkley Street branch site between 8am and 8.30am were transferred to the Bushbury Health Centre branch. The practice telephone lines were closed on Thursday at 1pm at the main site and also at the Bushbury Health Centre branch site. Extended hours appointments were offered on Saturday from 8.30am to 11.30pm at the Prestwood Road West Surgery. The practice did not provide an out-of-hours

Are services responsive to people's needs?

(for example, to feedback?)

service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service provided by Vocare via the NHS 111 service. In addition to pre-bookable appointments urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas. For example,

- 86% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 75% of patients were satisfied with the practice's opening hours compared to the local average of 76% and national average of 78%.

However there was one area where the practice had scored significantly lower when compared to the local and national average. Data showed that:

- 51% of patients said they could get through easily to the practice by phone compared to the local average of 70% and national average of 73%).

Patients told us that they found it difficult to get through to the practice to make an appointment when they needed them. The practice was aware of patients' concerns regarding the difficulties in getting through to the practice by phone and had also carried out its own in house survey. The practice had started looking at ways to improve the telephone system and planned to install a new telephone system. The new system would provide management information to ensure continuous review of patient experience and ongoing improvements to the service.

Although the practice was open at 8am the answerphone remained on until 8.30am. The answer phone message told patients to phone back at 8.30am or contact 999 if it was an emergency. Following the inspection the practice told us that this restriction had been removed and the phone lines were accessible to all patients from 8am. The practice was aware of these concerns and was taking action to address

the problems. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The patient or carer was contacted by telephone to gather further information to allow for an informed decision to be made on the urgency of the patients need for care and treatment and the most suitable place for this to be received. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling both written and verbal concerns and complaints. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager and one of the GP partners were the designated responsible persons who handled all complaints at the practice. We saw that information was available to help patients understand the complaints system included a poster which was displayed. Complaint leaflets were accessible to patients on the reception desk. Patients we spoke with were aware of the process to follow if they wished to make a complaint. The practice told us that they received verbal which they responded to at the time. These were not recorded to show the action taken to address and resolve the complaint.

Records we examined showed that the practice responded formally to both verbal and written complaints. We saw records for 29 complaints received over the past April 2015 to March 2016 and found that all had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. The records identified that lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, 31% of the complaints received were related to problems with the appointment system. These problems were discussed at a partners away day and practice meetings held with all staff. The minutes of meetings did not indicate that the action taken was reviewed and discussed with staff to ensure that any changes made were appropriate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice set out the responsibilities of all staff to ensure the Equality, Diversity and Human Rights were central to the planning of services. The aim was to identify areas and issues which must be addressed to ensure patients, relatives, and carer's receive the highest quality of care at all times.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies and procedures were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place. However, although some of the underlying processes of running the practice had been overlooked. The day after our inspection the practice took action to address any less positive findings and displayed openness and a willingness to mitigate any risk identified.

Leadership and culture

On the day of inspection the partners at the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that affected people received reasonable support, truthful information and a verbal and written apology. There was a practice whistle blowing policy available which was easily accessible to all staff both as a paper copy and on the practice's computer system.

There was a clear leadership structure in place and staff felt supported by the management. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Regular practice meetings both clinical and practice meetings involving all staff were held. The agenda and minutes of meetings showed that significant events, information governance, the outcome of audits and issues related to safety and risks were discussed. The practice encouraged all staff to be involved in discussions about how to run and develop the practice, and staff we spoke with confirmed this. However the minutes of meetings did not reflect staff involvement and discussion.

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. Comments we received from patients told us that they felt listened to.

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 consisted of eight patients who met face to face approximately every six to eight weeks. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Members of the PPG told us that the practice supported the group to be involved in the implementation of changes at the practice. They told us

Are services well-led?

Good 

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

that they were kept up to date with changes to the appointment system, shared challenges the practice faced and arranged talks such as advice on diabetes and pain control to promote self-care and healthy lifestyle.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they had been actively involved in making improvements to the practice appointment system and improving patient telephone access.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had completed reviews of significant events and other incidents and had ensured that lessons learned from these were used to make improvements and prevent further reoccurrence.

The practice was involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. For example, the practice was involved in joint projects with consultants who worked in secondary care and community professionals in the treatment of patients with long term conditions such as diabetes, chronic kidney disease, chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases) and asthma.

The practice had acknowledged concerns raised by patients about the difficulty they experienced with getting an appointment and in getting through to the practice by telephone. To address this the practice was proactive in reviewing the problems the patients experienced to support making improvements. The practice planned to introduce a new telephone and appointment system.

The practice was in the process of recruiting a new advanced nurse practitioner had reviewed and identified the need to increase staffing at the practice to meet patient's needs. The practice was an accredited as a training practice for GP trainees and medical students.