

# Dr Nabil Shather

## Quality Report

25 Bilston Street  
Sedgley  
Dudley  
West Midlands  
DY3 1JA  
Tel: 01902 665700  
Website: [Bilstonstreetsurgery.co.uk](http://Bilstonstreetsurgery.co.uk)

Date of inspection visit: 27 January 2015  
Date of publication: 16/07/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 6    |
| What people who use the service say         | 9    |
| Areas for improvement                       | 9    |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                      | 10 |
| Background to Dr Nabil Shather           | 10 |
| Why we carried out this inspection       | 10 |
| How we carried out this inspection       | 10 |
| Detailed findings                        | 12 |
| Action we have told the provider to take | 26 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Bilston Street Surgery on 27 January 2015. The practice is registered with the Care Quality Commission to provide primary care services to its local population. This is the report of the findings from our inspection.

We found that the practice was good for providing an effective, caring, responsive and well-led service and required improvement for providing a safe service. We also inspected the quality of care for six population groups these are, people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health. We rated the care provided to the six population groups as good. We rated the practice overall as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Recruitment practices were not robust as the practice were not always able to demonstrate that evidence of satisfactory conduct in previous employment had been obtained.
- Lead roles had been assigned to manage infection control and staff were aware of who held the lead role. Infection prevention and control audits had taken place.
- Systems were in place to review the care needs of those patients with complex health needs or those in vulnerable circumstances.
- Patients said that the GPs listened to what they had to say and treated them with compassion, dignity and respect. Patients told us that they were involved in their care and decisions about their treatment.
- Patients who required an urgent appointment were given an appointment on the same day that they telephoned.

# Summary of findings

- 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.
- There was an open culture within the practice and staff were actively encouraged to raise concerns and suggestions for improvement.
- There was an active Patient Participation Group (PPG) who met on a regular basis. The PPG reported an excellent relationship with the practice and confirmed that the practice listened and acted upon suggestions made by them.

The areas where the provider must make improvements are:

- Ensure systems are in place regarding repeat prescribing to provide patients with a review on a regular basis.

The provider should:

- Ensure that the practice follow recruitment procedures and obtain satisfactory evidence of conduct in previous employment.
- Make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.
- Provide the necessary support to staff to ensure they are confident and competent in using the full range of tasks on the practice's computer systems.
- Ensure that uncollected prescriptions are monitored and action taken. The practice should follow their newly implemented uncollected prescriptions protocol.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing a safe service. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe. However, staff recruitment practices were not robust as the practice had no documentary evidence of satisfactory conduct in previous employment. Interpretation/translation services were available but had not been used on each occasion, and on some occasions interpretation services were provided by people who were not the patient's registered carer. We saw uncollected prescriptions which were over three months old. The practice did not have a system to ensure that these patients were contacted to find out why the prescriptions had not been collected or were no longer required. Systems in place regarding monitoring patients who received repeat prescriptions were not robust.

Requires improvement



### Are services effective?

The practice is rated as good for providing an effective service. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and further training needs had been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Multidisciplinary working was evidenced.

Good



### Are services caring?

The practice is rated as good for providing a caring service. Patients said they were treated with compassion, dignity and respect and that they were involved in care and treatment decisions. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained. There were arrangements in place to provide patients with end of life care that was compassionate. Families were supported to cope with bereavement.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing a responsive service. The practice reviewed the needs of their local population and engaged with their Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good

Good



# Summary of findings

access to the practice, a named GP and continuity of care, with urgent appointments available the same day. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision which has quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles. Governance and performance management arrangements were proactively reviewed. We found there was a high level of constructive staff engagement and a high level of staff satisfaction. The practice sought feedback from patients and they have an active patient participation group (PPG).

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care. The practice had recently commenced the unplanned admissions enhanced service and had started to develop and agree care plans for the patients at the practice with more complex needs. All patients had access to a named GP with those over the age of 75 being specifically informed of who this was. Extended opening hours were provided one night per week to allow carers and relatives of older patients to gain access to the service. Double appointments were booked where a need was identified. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

### People with long term conditions

Good



The practice is rated as good for the population group of people with long term conditions. All patients with long term conditions were offered reviews appropriate to their condition and personal needs. The practice nurse ran specialist clinics to support patients with long term conditions including diabetes and asthma. Emergency processes were in place and referrals made for patients that had a sudden deterioration in health. Following a hospital admission a post discharge consultation took place either at a patient's home or in the practice to assess follow up care needs and appropriate referrals to multidisciplinary healthcare professionals.

When needed, longer appointments were available and patients who were housebound were visited by the GP in their home. All these patients had a named GP and structured annual reviews to check their health and medication needs were being met.

### Families, children and young people

Good



The practice is rated as good for the population group of families, children and young people. The practice provided clinics for all childhood immunisations and the uptake of immunisation was monitored and audited in conjunction with Dudley Clinical Commissioning Group. A weekly clinic was run by a midwife to support the delivery of antenatal and postnatal care to women. There was close liaison with the midwife and GP to discuss more complex cases requiring GP support, for example medication assessment of pregnant woman with a long term condition.

# Summary of findings

Immunisation rates for standard childhood immunisations were similar, or in some cases higher, than other practices in the area. The Practice had adopted the Department of Health 'You're Welcome' approach for young People and had a consent for young people policy that followed the Fraser guidelines to ensure young people received age appropriate care and contraceptive advice, as well as health promotion advice. Appointments were available outside of school hours and the premises were suitable for children and babies. All practice staff received regular safeguarding training appropriate to their role and were able to recognise signs of abuse in women and children and knew how to escalate concerns to the GP or safeguarding team.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice were part of the 'Choice of GP Practice' scheme and had an open registration policy to enable people to register with them because they were close to their place of work. The practice offered appointments until 8.00pm once a week. Telephone consultations were also available if an individual indicated difficulty visiting the practice when it was open.

Systems were in place to regularly review patients on long term sickness absence from work. These reviews included discussions about further medical certificates/ fit notes and integration back to work, for example staged return or reduced duties.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice sign-posted vulnerable patients to various support groups and voluntary or community sector organisations. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours. Same day emergency appointments were kept aside on a daily basis for patients most in need. The practice offered longer appointments for people with learning disabilities.

Good



# Summary of findings

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

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). All patients with mental health problems were offered an annual review. Most of this patient group had a personalised care plan according to their needs. The practice had a dementia register. Dementia screening, cognition and memory assessments were completed where clinically indicated and longer times were given for appointments as required.

The practice had sign-posted patients experiencing poor mental health to various support groups and community and voluntary sector organisations including the local Healthy Minds service. The practice also had a weekly on site counselling service for patients experiencing mental health difficulties including depression and anxiety. Patients were assessed and referred by the GP as appropriate. Where preference was expressed to see a female counsellor the practice would make a referral to Ladies Walk Health Centre counselling service. The practice had good links to the wider mental health service network.

Good





# Summary of findings

## What people who use the service say

As part of the inspection we sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 43 completed comment cards and on the day of our inspection we spoke with six patients. The large majority of comments received were positive, however one person commented that they would like the practice to be open later at night as they found it difficult to get an appointment due to work commitments. One person commented about poor attitude of reception staff and one person commented that they had to wait for 20 minutes to be seen by the GP. All other comments were positive and patients commented that staff were helpful, patients were treated with respect and listened to. Patients we spoke with on the day of inspection said that they always got an emergency appointment for their children on the same day that they telephoned, staff were supportive and the GP listened to what they had to say and never rushed them.

The National GP Patient Survey completed in 2014 showed patients were satisfied with the services the practice offered. The results were mainly in line with other GP practices nationally, and in some areas better. For example 95% of respondents found it easy to get through to the practice on the phone (CCG average 69%) and 90% of respondents described their experience of making an appointment as good (CCG average 72%). Other areas assessed were equal to or fell just below the CCG average. For example 97% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average: 98%) and 95% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average: 95%). These results were based on 115 surveys that were returned from a total of 396 sent out; a response rate of 29%.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure systems are in place regarding repeat prescribing to provide patients with a review on a regular basis.

### Action the service **SHOULD** take to improve

- Ensure that the practice follow recruitment procedures and obtain satisfactory evidence of conduct in previous employment.
- Ensure systems are in place regarding repeat prescribing to provide patients with a medication review on at least an annual basis.

- Make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.
- Provide the necessary support to staff to ensure they are confident and competent in using the full range of tasks on the practice's computer systems.
- Ensure that uncollected prescriptions are monitored and action taken. The practice should follow their newly implemented uncollected prescriptions protocol.

# Dr Nabil Shather

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager.

### Background to Dr Nabil Shather

Bilston Street Surgery is registered for primary medical services with the Care Quality Commission (CQC). It is a single handed GP practice located in the Sedgley area of Dudley. The practice is part of NHS Dudley Clinical Commissioning Group (CCG) and provides primary medical services to approximately 2,900 patients in the local community. The population covered is predominantly white British.

The staffing establishment at Bilston Street Surgery includes one GP (male), a practice nurse (female), a practice manager and four reception/administrative staff.

The practice offers a range of clinics and services including, asthma, child health and development, diabetic clinic, contraception and minor surgery.

The practice opening times are 8am until 6.30pm Tuesday, Wednesday and Friday, 8am until 12.30pm on Thursday and extended opening hours were provided on a Monday from 8.am until 8.pm. The practice had opted out of providing out-of-hours services to their own patients. This service was provided by Primecare, an external out of hours service contracted by the CCG. Primecare also provided cover when the surgery was closed on a Thursday afternoon.

### Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

This provider had not been inspected before and that was why we included them.

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.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service. We carried out an announced visit on 27 January 2015. During our visit we spoke with a range of staff including GPs, nurse, practice manager and administration staff and we spoke with patients who used the service. We also spent some time observing how staff interacted with patients. We spoke with two members of

# Detailed findings

the Patient Participation Group (PPG) who told us their experience not only as a member of the PPG but also as a patient of the service. The PPG is a way in which patients and the practice can work together to improve 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. Forms used to record significant events were detailed and recorded any follow up action taken. We reviewed the six significant events that the practice had recorded during 2014. We saw a significant event about disposal of vaccines due to a failure of the vaccination fridge. This was because the temperature of the vaccination storage fridge rose above the required maximum for vaccine storage. We saw that the practice had following their procedure and had safely disposed of the vaccinations and had undertaken a review of the issue and the action taken. We saw the minutes of three practice meetings but could not see that significant events were a standard agenda item. However, the minutes of the practice meeting held in July 2014 contained an agenda item regarding significant events. The minutes of this meeting reported on recent significant events and the action taken regarding these. We saw evidence to demonstrate that action had been taken as necessary, such as moving a shelving unit after a patient had an injury from walking in to the shelf. Information we saw demonstrated that the practice had managed incidents, complaints and significant events consistently over time and so could evidence a safe track record over the long term.

Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

### Learning and improvement from safety incidents

We identified that the practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We looked at records of the significant events that had occurred during the last 12 months and we spoke with the lead person responsible for recording and reviewing significant events. Minutes of practice meetings demonstrated that significant events were discussed at these meetings as and when they occurred. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. All staff we spoke with including,

administration and nursing staff were aware of the system for raising issues and felt that they were encouraged to do so. Staff confirmed that incidents, significant events and complaints were discussed at practice meetings.

National patient safety alerts and medication safety alerts were received at the practice via email. Information about relevant safety alerts were cascaded to all staff. Staff discussed recent safety alerts received, for example regarding Ebola.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to children, young people and vulnerable adults. We were shown the alert system in place to highlight vulnerable adults and children registered at the practice. We were told that a register was kept of vulnerable patients and this was regularly reviewed to ensure that information was up to date and correctly coded. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details for the relevant agencies were easily accessible to staff on noticeboards in the administration and reception area. Policies regarding safeguarding vulnerable adults and children were available and had been regularly reviewed. These policies gave information regarding abuse and how to spot signs of abuse and details of the external contacts to report safeguarding concerns to.

The practice had a GP appointed as the lead in safeguarding vulnerable adults and children. Staff we spoke with were aware who the lead was and confirmed that they could speak with them if they had any safeguarding concerns. We were told that all staff had been trained in safeguarding vulnerable children to a level suitable to their role. All staff, apart from a newly appointed receptionist had undertaken training regarding safeguarding vulnerable adults. We were told that the Dudley Clinical Commissioning Group (CCG) had provided this training. Training certificates had not been sent to the practice and we were shown emails sent by the practice manager to the training provider requesting these.

The practice provided a chaperone service when this was needed, for example during intimate examinations or when requested by a patient or clinician. A chaperone is a person who acts as a safeguard and witness for a patient and

## Are services safe?

health care professional during a medical examination or procedure. A chaperone policy was in place and available to all staff and the practice nurse was recorded as the lead for chaperoning. The policy recorded the duties and responsibilities of a chaperone. The practice manager said that informal training had been provided regarding the role of the chaperone and the practice nurse confirmed this. We were told that the practice nurse would be called upon to act as a chaperone and that reception staff would not act as a chaperone.

Information about the availability of chaperones was not visible in the waiting area and was not recorded in the practice leaflet which was available to all patients. However, one patient we spoke with confirmed that they were always offered a chaperone when intimate examinations were required.

### Medicines Management

There was a clear policy for ensuring medicines were kept at the required temperatures which included the action to take in the event of a possible 'cold chain failure'. Staff we spoke with were aware of and followed this policy. We checked medicines stored in the treatment rooms and medicine refrigerators. There was a dedicated secure fridge where vaccines were stored. There were systems in place to ensure that regular checks of the fridge temperature were undertaken and recorded on a daily basis. This provided assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use. We saw that when an issue had arisen with the vaccine fridge temperature rising too high, the practice nurse had followed procedure and disposed of the medication safely and report this as a significant event.

Vaccines were administered by the nurse using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of directions and evidence that the nurse had received appropriate training to administer vaccines.

A stock rotation and control system was in place, and a stock check was completed with records kept to demonstrate this. We were told that vaccines were ordered on an as needed basis which helped to reduce the risk of overstocking. Expired and unwanted medicines were disposed of in line with waste regulations.

Processes were in place to check medicines were within their expiry date and suitable for use. We saw that nursing staff kept records to demonstrate this. Medicines we checked on the day were all within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to patients. Blank prescription forms were stored securely. We saw that there was a protocol for repeat prescribing. However, systems were not robust regarding repeat prescribing to ensure patients were seen on a regular basis (at least annually). Systems did not ensure that patients had a review of their medication following receipt of the required number of repeat prescriptions, for example for patients taking medicines used to treat thyroid conditions.

The practice had recently changed to a new computer system. All staff reported a general lack of familiarity with the computer system the practice used. It was evident that staff had basic skills regarding the system in use but reported that they required further training. Issues staff were unsure of included how to conduct searches, audits, targets, and repeat prescribing. This may affect the practice's ability to meet QOF targets as staff were not fully aware of the process for conducting searches regarding patients who may require follow up. For example those patients with long term conditions who may require regular monitoring.

We looked at uncollected prescriptions and saw that some were nearly three months old, one of which was for a child for the treatment of asthma. This meant that insufficient safeguards were in place to ensure that vulnerable patients received their medicines in a timely way. Following this inspection we were sent a copy of an uncollected prescriptions protocol which had been developed and implemented. This protocol gave clear instructions of the action to follow if patients did not collect their prescriptions.

Blood monitoring was undertaken at the local hospital regarding high risk medications, for example disease modifying anti-rheumatic drugs (DMARDs) and lithium. Lithium is a medication used to treat manic depression. The community pharmacist carried out weekly patient medication reviews with patients at the practice. Medication audits were also conducted by the community pharmacist in conjunction with the GP.

### Cleanliness & Infection Control

# Are services safe?

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We observed the premises to be visibly clean and tidy. We saw that there were cleaning schedules in place and cleaning records were kept. Appropriate equipment such as foot operated pedal bins, liquid soap and disposable hand towels were available to help maintain infection control standards.

The practice nurse was the lead for infection control. All staff had received infection control training specific to their role. We saw evidence that the infection prevention and control lead had carried out an audit which incorporated the room used to undertake minor surgery. We saw that a separate cleaning log was kept for the minor surgery room.

Infection control measures included the use of personal protective equipment (PPE) such as disposable gloves, aprons and coverings, use of spill kits and clearly labelled sharps bins.

Blood or bodily fluids such as vomit or urine could generate spills and as such need to be treated to reduce the potential for spread of infection with patients, staff or other visitors. We saw that spill kits were available. We saw that the purchase of new spill kits was discussed at a practice meeting. Staff were aware where spill kits were stored and when they should be used. This would help to ensure that any potentially infectious substances were attended to by staff in a timely and effective manner.

We found that suitable arrangements were in place for the storage and the disposal of clinical waste and sharps. Sharps boxes were dated and signed to help staff monitor how long they had been in place and were sealed shut when they reached maximum capacity. A contract was in place to ensure the safe disposal of clinical waste.

There were no systems in place regarding the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We were told that a legionella risk assessment had not been undertaken. Following our inspection the practice manager forwarded a legionella risk assessment completed internally which demonstrated a low risk of risk of infection with legionnaire's disease due to the type of water system in place.

## Equipment

We saw records to confirm that all portable electrical equipment and firefighting equipment was routinely tested. Portable electrical appliances and equipment displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment, for example weighing scales and the fridge thermometer.

Staff we spoke with told us that the equipment they used was well maintained and they felt that they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments.

## Staffing & Recruitment

Evidence was available to demonstrate that there was very little staff turnover at the practice. There was a vacancy currently for a salaried GP.

We looked at the recruitment information for four members of staff, two of whom had been employed recently. Records we looked at contained evidence that some recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS).

We saw that there were no written references in three of the four staff files that we reviewed. We were told that verbal references had been obtained but had not been recorded in the file. We were told that references would be recorded in the staff file for any future staff employed. We were sent a copy of the practice's recruitment policy which had recently been implemented and which set out the standards it followed when recruiting clinical and non-clinical staff. This included obtaining written references and where these were not provided ensuring that details of any verbal references obtained were recorded. We were also shown a copy of the practice's equal opportunities policy which demonstrated that the practice aimed to avoid unlawful or undesirable discrimination when employing staff.

We were told about the systems in place to ensure that the practice was sufficiently staffed at all times including during annual leave, sick leave or staff training. All administration staff would be expected to cover each other's annual leave. We were told that staff must book their annual leave in advance to ensure cover arrangements were in place, however no cover was arranged for the practice nurse and appointments would



## Are services safe?

not be booked whilst they were on leave. We were told that there were usually enough staff to maintain the smooth running of the practice and to ensure patients were kept safe. A protocol was in place which recorded the action that staff should take in the unexpected absence of a clinician, this included use of agency staff and contacting patients to notify them of the absence.

We saw that relevant checks were completed to ensure clinical staff were up to date with their professional registration, for example nurses were registered with the Nursing and Midwifery Council (NMC). The NMC was set up to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.

The practice used locum GPs to cover times of annual leave or sick leave. Records demonstrated that sufficient checks had been undertaken to demonstrate that the locum was suitable to work at the practice. This included DBS checks, training information and evidence that the locum was on the NHS England performers list. We were told that the practice manager had recently introduced a new policy to ensure that appropriate checks were undertaken on locum GPs before they worked at the practice. An induction checklist was available to give locum GPs vital information regarding the policies and operating systems in place at the practice.

### Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

A general workplace risk assessment had been undertaken. This included, for example assessing the risk of slips, trips and falls, electric shocks, fire and security of the premises. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. Other risk assessments completed included a control of substances hazardous to health (COSHH) risk assessment.

### Arrangements to deal with emergencies and major incidents

We saw records showing all staff had received training in basic life support. Emergency equipment including access to oxygen and an automated external defibrillator (AED) were not available at the time of inspection. Following our visit we received email confirmation from the practice manager to demonstrate that an AED and emergency oxygen had been purchased and were available for use. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

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 and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Training certificates we saw demonstrated that all staff, apart from a newly employed staff member, had undertaken fire safety training. We were told that this training was undertaken on an annual basis and all staff would again attend the next training course in August 2015. The practice manager said that the newly employed staff member would undertake e-learning prior to attending the training course in August 2015.

There was no business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. We were told about the action that had been taken when the practice had a power cut for a number of hours. This included contacting patients and either re-arranging their appointments or suggesting that they attended the GP walk in access centre. The practice manager was confident that in the event of either short or long term loss of premises, facilities or systems that staff would know to contact the CCG for further advice. Following this inspection we were forwarded a copy of a detailed business continuity plan which had been developed and implemented by the practice manager. This gave staff information regarding the action to take, with emergency contact details if there were, for example a power failure, heating or lighting failure.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with were familiar with current best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care.

Vulnerable patients, those with long term conditions and patients over 75 years old were assessed and care plans generated to enable increased monitoring and follow up of these patients. Over 75 Health Checks include an assessment of medication use, monitoring of weight & nutrition, functional performance (balance and mobility), and mental health well-being including cognition, mood and anxiety. The practice had a register of patients with complex mental health needs. Records we saw demonstrated that 74% of these patients had care plans agreed and in place, 84% had their blood pressure recorded and 74% had their alcohol intake recorded, these figures were below the Quality and Outcomes Framework (QOF) targets. The practice manager confirmed that work was still ongoing with this to try and reach targets by the end of March deadline. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures.

Other records seen showed that the practice were below QOF targets for other outcomes such as the number of patients with rheumatoid arthritis who had received an annual review (84%) and the percentage of patients with chronic obstructive pulmonary disease (COPD), diabetes or patients on the stroke register who had received a flu vaccination. The practice was performing above target in other areas such as the percentage of patients with COPD who had received an annual review, patients on the practice's dementia register who have had an annual review and patients on the asthma register who have had an annual review within the last twelve months.

The practice was undertaking an enhanced service to reduce unnecessary emergency admissions to secondary care. GP practices can opt to provide additional services known as enhanced services that are not part of the normal GP contract. By providing these services, GPs can help to

reduce the impact on secondary care and expand the range of services to meet local need and improve convenience and choice for patients. The focus of this enhanced service was to optimise coordinated care for the most vulnerable patients to best manage them at home. These patient groups included vulnerable, older patients, patients needing end of life care and patients who were at risk of unplanned admission to hospital.

There were arrangements to review patients in their own home if they were unable to attend the practice for diagnosis and medication monitoring purposes.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice had completed a number of clinical audits including one for diabetes. This looked at whether patients had care plans, and whether they had appropriate blood and urine tests completed with results recorded and whether those requiring glucose tolerance tests had been identified. A shingles uptake audit, an audit which had looked at the care of patients living with dementia and a minor surgery audit were also completed. We saw that two cycles had been completed for the minor surgery audit. Quality assurance improvements were noted from the first to the second cycle of the audit. The practice were able to demonstrate changes made which improved patient care following the initial audit. We saw that two cycles had been undertaken regarding the shingles uptake audit. The conclusions from the audit show that there had been a 26% improvement on figures from the previous year which had been achieved by specific targeting of patients. The final data for the audit would be available in May 2015 with the practice aiming a further improvement of 29% on their current figures. These audits helped to ensure that the practice continually monitored and developed systems and practices in place.

The GP discussed the new care strategy that had been put in place for clinical staff to follow. We saw minutes of staff meetings which also explained this to staff. Practice meeting minutes recorded that the aim of the strategy was



# Are services effective?

## (for example, treatment is effective)

enable the practice to be more proactive in seeing patients with long term conditions, at risk patients and vulnerable patients such as those with learning disabilities or dementia.

Minor surgery was carried out at this practice. We were told that the GP had undertaken appropriate training and we saw training certificates to demonstrate this. Records were available to demonstrate that additional infection control audits were undertaken in the minor surgery room to ensure infection control standards were met. We saw that an audit had taken place regarding recording of consent, batch numbers and expiry dates recorded for joint injections that had taken place. The audit had completed two cycles and noted improvements to the records kept. We saw a copy of the minor surgery protocol which detailed information about infection control, consent and quality assurance.

### Effective staffing

This was a single handed GP practice with support provided by a practice nurse. Practice staffing also included managerial and administrative staff. Locum GPs were used to cover the annual leave or sick leave of the GP. The practice had a locum policy which included information regarding the induction of any new locums used at the practice and the practice work procedures to be followed by the locum. We were told that the practice had not used an agency to provide a nurse when the practice nurse was on leave. Appointments would be changed to a time when the nurse was available.

We were told by the practice manager that annual appraisals were completed for all staff. We saw appraisal records for two members of staff. These were detailed and contained learning needs and personal development plans. We saw records to confirm that newly appointed administration staff had received a review following six months of their employment. Staff that we spoke with confirmed that they received annual appraisal and were well supported. We saw a copy of the appraisal policy which clearly recorded the appraisal processes in place which were followed in the practice. A specific GP was recorded as the lead for employee performance management within the practice and therefore had the overall responsibility for ensuring appraisals and six monthly reviews were completed. Staff said that they could speak to the practice manager or GP at any time to discuss any issues that affected their work at the practice.

Staff interviews confirmed that the practice was proactive in providing training for relevant courses. We saw training certificates to demonstrate that staff had undertaken recent mandatory training such as fire safety, infection control and basic life support. We saw that staff had completed safeguarding vulnerable adults and children training. We were told that the CCG had purchased an online training package for the practice which would enable staff to keep up to date with mandatory and other training. Staff would be provided with pre-agreed additional hours to undertake this training to ensure staff remained up to date.

The practice nurse had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. We saw copies of training certificates which demonstrated that the practice nurse had received recent training regarding smoking cessation, childhood immunisations and a diploma level course regarding asthma.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. We saw that there was no backlog of information to be scanned on to the computer or to be actioned.

As well as the GP and nursing services provided at the practice, other services were available which were introduced in response to population needs. Health visitors held regular clinics at the practice and were also involved, along with practice staff in assessing, planning and delivering patients care and treatment. Midwifery services were also available and patients could be referred to a counsellor who held clinics at the practice.

The practice was part of a CCG initiative to support GPs in attending multi-disciplinary team meetings. We were told that previously district nurses and health visitors had called in to the practice to discuss patients and no formal meetings were held. However, the practice was now attending formal multidisciplinary team meetings which

# Are services effective?

## (for example, treatment is effective)

would be held every two months. These meetings would be used to discuss patients with complex care needs, for example those patients with end of life care needs. These meetings would also be attended by district nurses, virtual ward staff and health visitors. Virtual wards enable healthcare professionals to provide medical care and monitoring to patients in their own homes rather than in a hospital setting.

### Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. The out of hours service would be called by the GP if a patient suffered a sudden deterioration in health or was approaching end of life care.

Electronic systems were also in place for making referrals, and the practice used the Choose and Book system. (The Choose and Book system enabled patients to choose which hospital they would be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff had received training on the system and further training was planned. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. OOH reports were sent to the practice on a daily basis by fax. We discussed the systems in place to ensure information was put onto patient records in a timely manner. This included information being scanned, read coded and reviewed by the GP.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We were told that staff had not attended any formal training regarding mental capacity. However, informal training had been undertaken and the CCG had provided an information flowchart regarding assessing mental capacity.

Clinical staff that we spoke with demonstrated a clear understanding of Gillick competencies. Gillick competencies are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The practice manager told us that the practice adopted the Department of Health 'You're Welcome' approach for young people. A consent for young people policy was available which followed the Fraser guidelines to ensure young people received age appropriate health promotion and contraceptive advice and care provision in confidence. Fraser guidelines specifically relate to contraceptive advice for those children aged under 16 where Gillick competency had already been assessed.

We were told and we saw records that confirmed that consent was obtained for specific interventions. For example, written consent for all minor surgical procedures. Details of all consent, including a patient's verbal consent was documented in the electronic patient record. We saw that an audit had taken place for minor surgery joint injections regarding record keeping for consent. Two cycles had been completed in September 2014 and January 2015. This showed an improvement in recording of consent.

The majority of patients registered at the practice were able to communicate in English; however translation services were available if required. We were told that the translation services had not always been utilised. On some occasions patients who were unable to speak English brought their employers with them to translate. The practice could not demonstrate that they were confident that the patient was being represented by someone that they were happy with. Following the inspection we were forwarded a copy of a protocol regarding interpreting services for non-English speaking patients. This included the use of language line for patients who bring along a person who is not their registered carer to act as an interpreter (for example an employer). The protocol stated that longer appointment times were available for patients who utilised an interpreting service.

### Health Promotion & Prevention

The practice offered various health promotion and prevention services and was able to signpost patients to other available services. Health promotion leaflets were available in the waiting areas of the practice, for example information regarding local slimming clubs, drink

# Are services effective?

(for example, treatment is effective)

awareness, smoking cessation and various other information leaflets regarding dementia, meningitis and long term health conditions. An in-house weight management and smoking cessation service was provided by the practice nurse.

All new patients registering with the practice were offered a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. We were told and the practice website advertised that patients aged between 16 to 75 years could have a health check every three years and those aged over 75 years were entitled to an annual health check.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and practice records showed that patients had been offered an annual physical health check within the last 12 months and this work was ongoing.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The childhood vaccination programme was undertaken by the practice nurse. The most recent data available to us showed that the percentage of children receiving some of the childhood

vaccinations was in line with or slightly below the average for the clinical commissioning group (CCG) area. Uptake of childhood vaccinations was monitored and audited in conjunction with Dudley Clinical Commissioning Group (CCG) and the practice submitted immunisation data to the CCG on a monthly basis. Systems were in place to follow up patients who do not attend appointments and to remind at risk patients of the availability of vaccination programmes. Details of patients who did not attend would be recorded on the practice's computer system by the practice nurse and weekly returns submitted to Public Health (Child Health) in order to generate a second appointment letter. The Practice Nurse also called patients to follow up non-attendance.

We were told about the close working relationship between the midwife and GP to discuss more complex cases requiring GP support, for example medication assessments of any pregnant woman with a long term condition.

We saw that waiting areas contained well-kept noticeboards with relevant up to date information, for example regarding bereavement support, health promotion flu and carers services. We saw that an alert was put on the computer system to alert staff if a patient was also a carer and the practice kept a register of carers.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2014 national patient survey which showed that patients were satisfied with the service provided. Ninety four percent of respondents to the national patient survey rated the overall experience of this practice as good and 83% would recommend the practice to someone moving into the area. Patients we spoke with on the day stated that all of the staff at the practice treated them with respect. We were told that the practice had provided support following bereavement and staff had taken their time and listened to what patients had to say. Staff we spoke with were caring and appeared to have knowledge of the needs of patients registered at the practice. Staff showed empathy towards patients suffering ill health.

The GP at this practice was male and there were no other GPs employed. This meant that female patients would not be offered an appointment with a clinician of the same sex as themselves. Where patients did not express a preference, a chaperone was offered if an intimate examination was required. Patients we spoke with on the day confirmed that they had been offered a chaperone as required. We saw records and staff spoken with confirmed that they had undertaken equality and diversity training, some staff were required to undertake this training and e learning was now available to enable them to do this.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 43 completed cards and all apart from three were positive about the service experienced. Patients said that staff treated them with dignity and respect; they felt that staff were friendly and helpful and the GP took their time and listened to what was being said and did not rush them. We also spoke with six patients on the day of our inspection. All of them told us that the practice provided good care and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtain screening was provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and

treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed that staff were careful to follow the practice's confidentiality policy in order that confidential information was kept private. Patients that we spoke with were aware that they should stand back from the reception desk to try and maintain confidentiality. Reception staff told us that if patients wished to speak with a member of staff in private an administration room was available.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, were supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients recorded that GPs were understanding, listened and gave clear advice

We saw that the practice was starting to put in place personalised care plans for patients with a view to avoiding unnecessary hospital admissions. In addition care plans for those patients with learning disability or those with complex mental health needs were available. Specialist clinics were undertaken by the practice nurse to support patients with long term conditions including COPD, diabetes and asthma.

There was a palliative care register to help optimise quality of life for patients and their families through the use of symptom control and good supportive care.

We saw information leaflets in the waiting area. The information included details of advocates, groups and agencies to contact should patients require advice and support, for example child and adolescent mental health services (CAMHS).

### Patient/carer support to cope emotionally with care and treatment

## Are services caring?

The patients we spoke with on the day of our inspection and the comment cards we received showed that patients were positive about the emotional support provided by the practice. During our inspection we observed staff to be caring and compassionate.

Notices in the patient waiting room signposted patients to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

We discussed how the practice supported bereaved patients. Administration staff told us about the systems in place to notify staff, update information and offer support to the family of a deceased patient. This included the GP telephoning the next of kin and offering an appointment and referral to a counsellor if this was considered necessary. Patients would also be signposted to other support agencies as appropriate. We saw that information regarding bereavement services was detailed on noticeboard in the practice, this included leaflets on where to get advice regarding help for bereaved parents.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs. Systems were in place for picking up alerts received from the clinical commissioning group (CCG) for example regarding drug users and missing persons. The practice provided a good range of nurse led clinics which supported the role of the GP.

Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were completed by the GP for those patients who were housebound.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the Patient Participation Group (PPG). We saw a copy of the PPG action plan which identified issues and action to take. For example to increase patient access to the service at the busiest times of the day an additional member of reception staff was required. This issue had been addressed. We were told that Saturday flu clinics had been held over the winter months as a response to patient feedback. The PPG report also identified other issues for action some of which had been addressed, others which were still in progress.

The practice had a palliative care register and those patients had alerts on their computer records so that reception staff were made aware when these patients telephoned the service. We were told that the practice worked closely with the district nurses and MacMillan nurses who provided care in the community for those patients on the practice's palliative care register. We were told that regular meetings were held with these staff to discuss patients and their families' care and support needs, although there were no minutes of these meetings to demonstrate this.

The GP told us that they worked closely with the mental health crisis team and those patients with drug or alcohol related care and treatment needs were referred to Atlantic

House, patients could also self- refer to this service. Atlantic House provides support to reduce drug use, support for families of substance users and support group meetings for substance misusers.

The practice had an electronic blood pressure monitoring machine in the waiting area with clear instructions for use. Patients would be able to check their blood pressure whilst waiting to see the GP.

### Tackle inequity and promote equality

There were no disabled parking spaces for this practice. Entrance to the building is via two large doors which were not automated and therefore wheelchair users may find entry into the building difficult. Two waiting areas were available, one on the ground and one on the first floor of the building. There were a few small steps to gain entrance to the GPs consulting room. The nurse's room was located on the first floor of the practice and there was no lift access to the first floor. An 'access audit had been undertaken in July 2013 and the practice achieved a score of 43.3% as there was no disabled access to the GP and nurse consultation rooms. We were told about the actions taken to assist those patients with mobility difficulties to access services. These included the nurse making special arrangements to see patients in the ground floor consulting room. The GP also confirmed that they would make home visits to patients who used wheelchairs and would be unable to access the service.

We saw that some of the actions identified in the access audit had been completed by the practice. This included lowering the self-check in screen to enable access to this for those patients in a wheelchair, the installation of handrails on stairways and non-slip flooring in toilets. Signage had been installed requesting patients to notify reception staff if the patient felt that they would not be able to use the stairs so reception staff could arrange their consultation in a ground floor room.

We were told that regular reviews would take place for patients on long term sick leave from work. Further medical certificates would only be issued following a review with the GP. When the patient was fit to return to work, agreement would be reached with the GP and the patient regarding their return to work, for example a staged return or a reduction in duties.

The practice had arrangements in place for identifying and following up patients who lived in vulnerable



# Are services responsive to people's needs?

## (for example, to feedback?)

circumstances such as homeless people, patients with mental health needs and those with a learning disability. We saw that the practice held a register of patients with a learning disability and for those with mental health needs and annual health checks were in the process of being completed. We were told that patients with no fixed abode were registered at the practice and we were made aware of the systems in place to contact these patients.

We saw records which demonstrated that two staff had completed equality and diversity training. We were told that e-learning training was now available and all staff would complete this training before June 2015.

### Access to the service

Appointments were available from 8am to 6.30 pm on Monday, Wednesday and Friday and 8am to 12.30pm on Thursday. Extended opening hours were available on a Monday until 8pm which were particularly useful to patients with work commitments. Primecare provided out of hours service when the surgery was closed, including on a Thursday afternoon. Appointment slots were left free each day for patients who needed to be seen urgently. We were told that children would always be seen on the day that their parent or guardian telephoned. Patients who booked appointments were usually able to see the GP within 48 hours.

Patients were able to book appointments by telephone or in person at the surgery. Patients could speak with the GP over the telephone if they were unable to attend the practice, for example due to work commitments. Longer appointment times would be given to those patients who requested this or for appointments with the practice nurse. The practice did not offer on line services for patients such as repeat prescription ordering or appointment booking at the time of our inspection. However this had recently been introduced and we were told that the practice had a good response rate from patients registering for on-line services.

Information was available to patients about appointments on the practice website. The website stated that urgent appointments would be met on the same day by the GP. Information was available regarding home visits or discussing queries with the GP over the telephone. When the practice was closed there was an answerphone message giving the telephone number that they should ring depending on the circumstances. The website and

practice leaflet also gave information which guided patients to call the out of hours service or NHS 111. Details of the nearest NHS Walk In Centres were also recorded on the practice leaflet.

Patients who completed CQC comment cards and those we spoke with on the day of inspection were satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and said that staff were accommodating and helpful.

Bilston Street Surgery is located on a busy road and there were no dedicated parking facilities for the practice. A free car park was available behind the surgery and we were told that there were other pay and display car parks nearby.

The GP told us that the practice would accept any patient who wished to register, including those who lived outside of the usual practice boundaries. This information was confirmed on the practice website. The website recorded that the practice accepted patients from surrounding areas such as Tipton, South Staffordshire and Dudley and there was no outer boundary.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was on display in the waiting area. Administration staff we spoke with were aware of their role in handling complaints and confirmed that complaints would be passed on to the GP or the practice manager. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had needed to make a complaint about the practice.

We looked at a sample of complaints; we saw that five complaints were received at the practice during 2014. Complaint investigation records demonstrated that relevant staff and people who used the services were involved in any investigation as relevant. The complaints register contained detailed outcomes and action points. We found that the outcome of any complaint was explained appropriately to the complainant and complaints were discussed during practice meetings.

We saw that a complaints audit had been completed in 2014. All complaints had been documented correctly and learning points noted and discussed with staff.

# 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. All staff we spoke with demonstrated a patient centred approach to providing the service.

The practice aims and objectives were on display in the patient waiting area and were also available on the practice website contained within the Statement of Purpose. One of the aims was to “provide high quality, safe, professional and responsive primary health care general practice services to patients”. The aims and objectives included information for patients regarding staff and training, the environment, equality and partnership working with patients and other agencies.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. A staff handbook was available in the reception area and staff signed documentation to demonstrate that they had read new policies when they were added to the handbook. We looked at a sample of these policies and procedures and saw that they had been reviewed and were up to date.

We were told that the GP was the nominated Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of a patient and service-user information and enabling appropriate information-sharing. Organisations that access patient records are required to have a Caldicott Guardian.

The practice had completed the information governance (IG) toolkit for 2013/14 and achieved a 100% compliance rate. Improvements in IG toolkit scores were noted from previous years. The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the Information Governance Toolkit to evidence this.

The practice had completed a number of clinical audits, for example audits had been carried out for diabetic patients,

patients taking hypnotics, shingles vaccine uptake, patients with learning disabilities, patients suffering with dementia and minor surgery audits. We saw that audits were carried out effectively to improve outcomes for patients.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the GP for safeguarding. Staff we spoke with were all clear about their own roles and responsibilities. They all told us that they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that practice meetings were held bi-monthly. The practice manager and staff confirmed that information emails were sent to staff keeping them up to date with any changes and information of note, these issues would also be discussed at practice meetings.

### Practice seeks and acts on feedback from users, public and staff

The practice had an active PPG which had 6 members who attended bi-monthly meetings. There were also a large number of virtual members who communicated with the practice via email and participated with feedback and suggestions whenever they could. Members of the PPG, including virtual members were kept informed of developments and discussions with the PPG via meeting minutes. The PPG contained representatives from various population groups. We were told that the age of the group ranged from 25 upwards and the representation reflected that of the wider practice demographic. The PPG had carried out annual surveys and action plans of priority areas identified were available on the practice website.

The practice used various methods to gather feedback from patients including patient satisfaction surveys, complaints and the recently introduced NHS friends and family test (FFT). The FFT commenced on the 1 December 2014. We saw questionnaires and a collection box in the reception, along with notices asking patients to complete the questions. We saw that the practice website encouraged patients to complete a FFT form and leave it in the collection box situated in the reception area of the practice. We met with two members of the PPG who told us



# Are services well-led?

Good 

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

that when the FFT was launched in December 2014, PPG members visited the practice and chatted to patients explaining the FFT and encouraged them to complete a FFT form.

We saw minutes of meetings which confirmed that practice meetings took place on a bi-monthly basis and a variety of topics were discussed. Administration staff that we spoke with told us that they were kept informed about any changes at the practice.

The practice had a whistle blowing policy which was available to all staff; the policy had been reviewed on a regular basis. Staff we spoke with were aware of the whistle blowing policy and confirmed that the management were open and staff were able to raise issues or concerns with them.

Staff said that they received training relevant to their role. We were told that the practice was very supportive of training and staff said that they were encouraged to undertake training to further their professional development and skills.

Minutes of practice meetings demonstrated that discussions were held regarding any complaints received, significant events or incidents as they occurred. This helped to ensure that the practice improved outcomes for patients. Records demonstrated that reviews of significant events and other incidents had been completed. From discussions with staff and review of records it was evident that the practice was open and transparent and encouraged staff to learn from incidents, complaints and audits undertaken.

## Management lead through learning & improvement

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity                       | Regulation   |
|--|--|
| Diagnostic and screening procedures      | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment   |
| Maternity and midwifery services         | Regulation 12 Health & Social Care Act 2014 Safe Care and Treatment  |
| Surgical procedures                      | This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  |
| Treatment of disease, disorder or injury | How we found the regulation was not being met<br>We found the provider had not ensured that care and treatment was provided in a safe way by: <ul style="list-style-type: none"><li>• ensuring that there are sufficient quantities of medicines supplied by the service provider to ensure the safety of service users and to meet their needs;</li><li>• the proper and safe management of medicines;</li></ul> Regulation 12 (f)(g) |