Blakenall Family Practice

Quality Report

Blakenall Village Centre
Walsall, Walsall
WS3 1LZ
Tel: 01922 443 729
Website: www.phoenixprimarycare.co.uk

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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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We initially inspected Blakenall Family Practice in September 2015 and was rated as requires improvement overall and requires improvement for providing safe, effective, caring and well-led services.

At this previous inspection, we found that the provider was not taking action to mitigate risks relating to the health and safety of patients receiving care and treatment. The procedure in place for acting on patients test results was not effective. The provider had not taken proactive action to improve the uptake of childhood immunisations. The provider did not act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The provider had not acted on feedback from patients including the national GP survey and the practices own survey. As a result, the provider was issued with requirement notices relating to safe care and treatment; and good governance.

Following the inspection the provider sent us an action plan detailing the action taken to ensure compliance with the regulations. We reviewed the action plan as part of the inspection on 4 July 2016.

We then carried out an announced comprehensive inspection at Blakenall Family Practice on 4 July 2016 to ascertain whether the required improvements had been made; we found that some of the improvements had been made. Overall, the practice is rated as requires improvements.

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

- Risks to patients were not always robustly assessed and well managed. For example in the absence of some emergency medicines, the practice had not carried out a risk assessment to mitigate identified risks. Following the inspection the practice informed us that an appropriate risk assessment had been carried out and appropriate action taken to mitigate against future risks.

Summary of findings

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
  - Staff assessed needs and delivered care in line with current evidence based guidance.
  - Although multidisciplinary working was taking place this was generally, informal and record keeping was limited or absent.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, although there was an increase in uptake for national screening programs this remained below national and local average.
- Although patients we spoke to on the day said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment, results from the national GP patient survey identified less positive feedback. Action was being taken to address this.
- Information about services and how to complain was available and easy to understand. However, the practice was not consistently responding to patients within their recommended timeframes. Meetings were held to discuss complaints with staff however; documentation of a thorough analysis and learning was limited.
- Patients said they found it difficult to make an appointment with a named GP and were seeing different GP therefore felt there was no continuity of care, although urgent appointments were available the same day. An internal patient survey carried out showed that patients found it easy to get an appointment with the GPs.
- 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 practice had a number of policies and procedures to govern activity, however in some areas, there were weaknesses in the monitoring of procedures and the management of some risks.

The areas where the provider must make improvement are:

- Carry out a risk assessment in the absence of emergency medicines required to respond to epileptic seizures and take appropriate action to mitigate identified risks.
- Review the complaints process to ensure complaints are managed in line with national guidance and practice policy.

The areas where the provider should make improvement are:

- The provider should consider how they ensure that actions from multidisciplinary meetings are captured and completed in the absence of minutes.
- Continue developing and formalising their plans to strengthen their clinical audit cycle.
- Continue to respond and review patient feedback, including the national GP patient survey in order to further improve patient satisfaction.
- Continue taking proactive measures to improve the uptake of childhood immunisations and continue with efforts to engage the practice population with national screening and immunisation programmes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although there were, systems and processes in place to respond to medical emergencies these were not thorough enough. For example in the absence of some emergency medicines, the practice had not carried out a risk assessment to mitigate any identified risks. Following the inspection the practice informed us that an appropriate risk assessment had been carried out and appropriate action taken to mitigate against future risks.
- There was an effective system in place for reporting and recording significant events and staff, we spoke to understood their responsibilities to raise concerns; report incidents and near misses. Lessons learned were shared to improve safety in the practice.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Are services effective?

Good

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average for some clinical indicators however were below average in some areas of national screenings.
- Information required for other health care professionals to understand and meet the range and complexity of patients' needs were not always available via special patient notes. The practice told us that this was due to a change in IT system. The practice provided assurance that patient notes were available to health care professionals via their previous recording system.
- The practice uptake on some childhood immunisations was below national and local average. Following the inspection the practice provided more recent unverified data which showed that Men C immunisation rates for under two year olds increased to 87%.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Although multidisciplinary working was taking place, we saw that formal meetings were not always being carried out, for example in relation to patients on the palliative care register.
- The practice carried out three clinical audits in the past 12 months; one was a full cycle audit that demonstrated quality improvements.
- 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.

Are services caring?

Good

- Data from the national GP patient survey published at the time of the previous inspection showed patients rated the practice lower than others for some aspects of care; however, survey results published in July 2016 identified improvements in some areas of satisfaction.
- The majority of patients we spoke to on the day of the inspection said they were treated with compassion, dignity and respect.
- During the inspection, we observed staff treated patients with kindness, respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- The practice held a carers list, carers had access to health check and advise to enable them to maximise their own health and needs. The practice also provided leaflets and displayed information on their electronic screen directing carers to various avenues of support.

Are services responsive to people's needs?

Requires improvement

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment varied, for example patients views of the practice opening times was comparable to local and national averages however were less favourable with how they could get through to the practice by phone, we saw action was being taken to address this.
- Feedback from patients we spoke to on the day identified that access to a named GP were not always available therefore felt there was a lack of continuity of care, although urgent appointments were usually available the same day.
- Information about how to complain was available and easy to understand however, evidence showed the practice was not

Summary of findings

responding to patients in the timeframe identified in their policy. The practice held meetings to discuss complaints with staff members however; documentation of a thorough analysis and learning was limited.

- 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. Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice, the GP and advanced nurse practitioner carried out weekly nursing home ward rounds.

Are services well-led?

Requires improvement

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however, we saw that staff were not following the practice complaints policy when responding or keeping patients updated.
- There was an overarching governance framework, which supported the delivery of the strategy. This included arrangements to monitor and improve quality and identify risk, however in some areas there were weaknesses in the monitoring of procedures and the management of some risks.
- Although the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, not all clinical audits were full cycle audits and therefore the practice was unable to provide evidence of sustained improvements.
- 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 with the exception of the national GP patient survey. The virtual patient participation group was active.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. Therefore the issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, for example they offered weekly support to registered patients who resided in the local care home, home visits and urgent appointments was available for those with enhanced needs.
- Data provided by the practice showed that 99% of patients aged 75 plus have had their health needs reviewed in the past two years.
- Patient over the age of 75 years had a named GP, offered longer appointments if required and at a time to suit patient's needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. Therefore the issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 83% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. Exception reporting rate was 28% compared to CCG average of 9% and national average of 12%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 100%, compared to CCG average of 96% and national average of 94%. Exception reporting rate was 32% compared to CCG average of 22% and national average of 18%.
- Longer appointments and home visits were available when needed.

Summary of findings

- Although staff we spoke to told us that these patients had, a named GP and a structured annual review to check that their health and medication needs were being met. Feedback from patients we spoke with on the day reported that access to a named GP and continuity of care was not always available.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. Therefore the issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people with a high number of A&E attendances. We saw positive examples of joint working with safeguarding teams.
- The practice held nurse-led baby immunisation and vaccination rates were relatively high for standard childhood immunisations with the exception of Infant Men C, which was 54%, compared to CCG average of 78%. Following the inspection the practice provided more recent unverified data, which showed that Infant Men C uptake increased to 87%.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme for patients aged 25-64 in the preceding five years was 73%, which was below the CCG average of 81% and the national average of 82%. The practice provided data from 2015/16 which showed a 78% uptake rate, however as yet this data had not been verified or published.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. Therefore the issues identified as requiring improvement overall affected all patients including this population group.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services such as access to appointments and repeat prescription requests as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years. Data provided by the practice showed that 43% of patients in this age group had received a health check in the past 12 months. The practice offered extended clinic hours on Mondays from 5pm to 7.30pm.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. Therefore the issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD). The practice provided data, which showed that 63% of patients with a LD had a care plan, 94% had a medicine review and 63% had a face-to-face review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, how to record safeguarding concerns and how to contact relevant agencies during and outside of normal working hours.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery. The practice found that this supported patients more effectively and allowed the practice to manage any physical and psychological problems that may coexist with illicit substance misuse.

Summary of findings

- The practice's computer system alerted GPs if a patient was a carer, 2% of the practice list had been identified as a carer. Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Contact details for various avenues of support were provided during GP consultations and information were on display in the reception areas.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, caring, responsive and well-led. Therefore the issues identified as requiring improvement overall affected all patients including this population group.

- 73% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below the national average of 84%. Following the inspection the practice provided unverified data for 2015/2016, which showed 82% had their care reviewed.
- Performance for patients with a mental health related disorder who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was above the national average. For example, 93% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the GPs and advanced nurse practitioner carried out weekly visits to the local residential and nursing care homes. However, we saw that regular meetings were not always formal. The GP also held a list of patients unable to access the practice, which they visited upon request.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, we also saw posters located in the reception area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages in relation to access. Four-hundred and six survey forms were distributed and 80 were returned. This represented 20% completion rate.

- 38% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

National survey results published in July 2016 identified that the results above had improved, but all data remained below the CCG and national averages.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, which were mainly positive about the standard of care received. For example, patients felt well looked after by the GPs, staff were caring, understanding and provided an excellent service. Patients felt that they were listened to and treated with dignity and respect. With the exception of a few patients who commented on appointment waiting times and having to see locum GPs.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However some patients commented on the difficulties getting through to the practice and the lack of continuity of care due to seeing different GPs. Results from the May 2016 Friends and Family Test identified 86% of patients would recommend Blakenall Family Practice to friends and family this is representative of 62 responses.

Areas for improvement

Action the service MUST take to improve

- Carry out a risk assessment in the absence of emergency medicines required to respond to epileptic seizures and take appropriate action to mitigate identified risks.
- Review the complaints process to ensure complaints are managed in line with national guidance and practice policy.

Action the service SHOULD take to improve

- The provider should consider how they ensure that actions from multidisciplinary meetings are captured and completed in the absence of minutes.
- Continue developing and formalising their plans to strengthen their clinical audit cycle.
- Continue to respond and review patient feedback, including the national GP patient survey in order to further improve patient satisfaction.
- Continue taking proactive measures to improve the uptake of childhood immunisations and continue with efforts to engage the practice population with national screening and immunisation programmes.

Blakenall Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist.

Background to Blakenall Family Practice

Blakenall Family Practice is located in Walsall West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Blakenall Family Practice are below the national average, ranked at one out of 10, with 10 being the least deprived. The practice serves a higher than average population of patients from birth to 34, below average for patients aged 65 plus and comparable for patients aged 85 plus.

The patient list is 5,557 of various ages registered and cared for at the practice. Phoenix Primary Care Limited merged two practices in 2012 to form Blakenhall Family Practice. Phoenix Primary Care Limited board of directors runs the practice and service delivery is supported by a clinical and administration team. Services to patients are provided under an Alternative Primary Medical Services (APMS) contract with the Clinical Commissioning Group (CCG). APMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. The surgery is registered to deliver diagnostic and screening procedures, maternity and midwifery services and treatment of diseases, disorders or injury.

The practice is situated on the ground floor of a multipurpose building with a wide range of health care and community services. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male and two female salaried GPs, two advanced nurse practitioners; one independent nurse prescriber, one practice nurse and two health care assistants. There is a practice manager, a practice administrator and seven receptionists.

The practice is open between 8am and 6.30pm Tuesday to Friday and between 8.00am and 8pm on Mondays.

Various GP consulting hours are available from 8.30am to 6.30pm Monday to Friday, extended hours provided on Mondays from 5pm to 7.30pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, NHS 111 Primecare provides services.

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 July 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and requested minutes of meetings where these were discussed. We saw evidence that lessons were shared across the staffing team and action taken to improve safety in the practice was documented

- Staff we spoke to told us they would inform the practice manager of any incidents. 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 recurrence.
- The practice discussed significant events during their practice meetings; we saw evidence of this via meeting minutes. Email updates were sent to staff members unable to attend these meetings.

The practice had system in place to ensure they complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received and cascaded safety alerts; we saw evidence that lessons were shared and action taken to improve safety in the practice. For example following an alert regarding oxygen masks, we saw that the nursing team took appropriate actions to ensure correct masks were in stock.

Overview of safety systems and processes

- During the inspection in September 2015, we found that, in the files we viewed, appropriate recruitment checks were in place. However, risk assessments had not been completed to ascertain if Disclosure and Barring Service (DBS) checks were required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We reviewed four personnel files at this inspection and found that DBS checks were in place.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. There were two dedicated lead members of staff responsible for safeguarding adults and children. We were told that the GPs would attend safeguarding meetings when possible and they always provided reports where necessary for other agencies. Staff we spoke to demonstrated they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. 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. The practice scored 87 out of a possible 100 following an audit carried out by an external organisation within the last 12 months. We saw that actions were taken to address improvements identified.
- There were arrangements for managing medicines, including vaccines in the practice to kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) with the exception of emergency medicines. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice liaised with the local medicines management team who carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery and death certificates were securely stored and since our last inspection, a

system had been introduced to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice carried out a weekly shared care drug misuse clinic. This is a multidisciplinary co-ordinated care approach in the management of opiate dependency replacement therapy. We saw procedures in place to manage the storage, filling and collection of prescriptions used to prescribe controlled drugs such as Methadone, which is an opiate, used to reduce withdrawal symptoms in people dependent on Heroin.

Monitoring risks to patients

Risks to patients were generally assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. As well as the property owner's general health and safety risk assessment, we saw that the practice carried out an internal risk assessment. The practice had up to date fire risk assessments and the property owners carried out regular fire drills. There was evidence that all electrical equipment was checked and was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. For example:

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Staff we spoke to had received annual basic life support training and there were some emergency medicines available in the treatment room. The practice had not carried out a risk assessment to mitigate identified risks in the absence of some emergency medicines. For example, the practice did not stock medicines required to respond to epileptic seizures. Following the inspection the practice provided copies of a completed risk assessment where risks had been identified and control measures established.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 most recent published results were 99% of the total number of points available; this was higher than the national average of 95%. Overall, clinical exception reporting was above national average, at 16% compared to the national average of 9%. (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).

- Performance for diabetes related indicators was similar to the national average. For example, 83% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception rate of 28% compared to CCG average of 9% and national average of 12%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100%, compared to CCG average of 96% and national average of 94%. With an exception rate of 32% compared to CCG average of 22% and national average of 18%.
- Performance for patients with a mental health related disorder who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was above the national average at 93% compared to the national average of 88%. Exception reporting rate was comparable to CCG average of 5%, and below the national average of 13%.

We discussed the high exception reporting with the practice. We were told that the practice would follow up on missed appointments three times before exception reporting. Staff we spoke with also told us depending on diabetic patients' health situation they were exception reported at the end of the QOF year due to not being able to comply with tests. We saw evidence of letters being sent. During the practice continual professional development meetings they discussed strengthening processes within the practice, for example their call and recall systems and ensuring clarity on responsibilities for QOF areas. Following the inspection, the practice provided data form 2015/16 QOF year, which showed dementia reviews were 82% and the practice had not exception reported any diabetic patients, however as yet this data has not been verified or published.

At the inspection in September 2015, we noted that complete clinical audit cycles were not in place to demonstrate and monitor improvement made to patient outcomes. At this inspection, there was some evidence of quality improvement including clinical audit. For example:

- We were provided with three clinical audits in the last two years one of these was a completed audit where the improvements made were implemented and monitored. For example, we saw that actions had been taken following receipt of a drug safety alert. The practice provided a two cycle audit on sodium valproate (a medication used to treat epilepsy, bipolar disorder and to prevent migraine headaches). We saw that the practice identified patients requiring a review and appropriate actions had been taken.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training for relevant staff. For example, for those reviewing patients with long-term conditions. The practice held a training matrix, carried out regular reviews of training needs and held monthly continuous professional development (CPD) meetings. Staff we spoke to told us that they attended these meetings. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that all staff had received an appraisal within the last 12 months.
- 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.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system, with the exception of information for out of hour's services.

- Medical records, risk assessments, investigation and test results were available. We saw evidence of completed COPD and learning disability (LD) patient care plans. The practice had identified 2% of patients with complex care needs who were at high risk of an unplanned admission to hospital; care plans for these patients were scanned onto their records.
- Information required for other health care professionals to understand and meet the range and complexity of patients' needs were not always available via special patient notes (SPN). These notes ensure that appropriate information is available for other healthcare professionals who may deliver care however have no prior knowledge of a patient they need to assess, for example out of hours services. SNP reflect the care needs, choices and preferences of the patient. The practice told us that this was due to a change in IT system and provided assurance that patient notes were available to health care professionals via their previous recording system.
- At the first inspection, we noted that due to the number of patients living in care homes there were often a high number of pathology results to view which had resulted in a backlog. The data provided on the day of the first inspection showed that there were 150 results outstanding, however a GP had been working through them and had viewed 104. During this inspection, we saw a system in place for handling pathology results. They were viewed by the GP and nurse, data provided by the practice demonstrated they were up to date.
- The practice operated a well-established shared care opiate replacement therapy clinic in conjunction with the local substance misuse community team. The practice worked jointly with a community outreach worker who visited the practice weekly. Data provided by the practice showed that 89% of patients had their care plan reviewed, 95% had a medication review and 91% had a face-to-face review in the past 12 months.

Although we saw gaps in the recording of information needed to plan and deliver care, during our conversations with staff, we saw that they were committed to working together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

During our first visit, we saw that that the practice had made use of the gold standards framework for end of life care (GSF). The GSF helps GPs, nurses and care assistants provide a clear standard of care for patients who may be in the last years of life. There were regular internal as well as multidisciplinary meetings. However, during this inspection we saw that palliative care meetings were not being held with the community team regularly. When asked staff we spoke to provided evidence of where they had attempted to arrange these meetings however they received a number of cancellations from the community team. Clinical staff we spoke with told us that although formal minuted meetings were not held on a regular bases, due to their weekly ward rounds at local nursing homes, patients care plans and treatment were regularly reviewed. We were told that these care plans were held at the nursing homes. As part of the

Good

Are services effective?

(for example, treatment is effective)

inspection, we contacted three out of five care homes who confirmed this. Care homes we spoke to felt the joint working arrangements were positive, with the exception of one care home that were less favourable. We were told that the number of locums visiting the home resulted in little continuity of care. They also advised that visits were not always being carried out therefore, they had to access care from the out of hour's provider or urgent care centres.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff we spoke to were able to demonstrate how they would carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation, alcohol and illicit substance recovery. We saw posters and an electronic display screen, which sign posted patients to the relevant service such as lifestyle advice, ovarian cancer support, Age UK, well man and well woman clinics.
- We were told that the practice nurse carried out the following reviews; diabetic, chronic obstructive pulmonary disease COPD and methotrexate (a folic acid antagonist medication used to treat rheumatoid arthritis). The practice also ran a helicobacter pylori (a bacterial infection which is recognised as a primary cause of peptic ulcers and their recurrence) clinic which was accessible to registered and non-registered patients from across Walsall.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

During the first inspection data showed that the practice's uptake for the cervical screening programme for patients aged 25-64 in the preceding five years was 75%. During this inspection we reviewed 2014/15 data which showed an uptake rate of 73%, which was below the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders to patients who did not attend cervical screening tests. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and the practice had access to leaflets suitable for those with a learning disability. They ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results. Following the inspection the practice provided data from 2015/16, which showed a 78% uptake rate for cervical screening, however as yet this data has not been verified or published.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from National Cancer Intelligence Network published in March 2015 showed the practice performance was below average. For example:

- Females, 50-70, screened for breast cancer in last 36 months was 60% compared to CCG average of 73% and national average of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months was 39% compared to CCG average of 53% and national average 58%.

Staff we spoke to told us that they encouraged patients to engage with national screening programmes. During our observations, we saw screening posters in clinic rooms and displayed on the electronic screen situated in reception.

In September 2015, we noted that the uptake on childhood immunisations was low. During this inspection the data was similar for example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 54% to 97%, which was below the CCG average range of 78% to 98% and five year olds from 87% to 100%,which was below the CCG average range of 96% to 99%. Clinical staff we spoke with told us they received a weekly list of patients

Good

Are services effective?

(for example, treatment is effective)

who required immunisations, they also carried out internal searches and children were booked in for eight-week immunisations during their six-week health check. The practice used their newsletters to encourage patients to book their child in for immunisations and six-week checks. We were also told that the practice were experiencing issues receiving past history, for example, the practice had experienced problems receiving and translating immunisation history for children from oversees. Following the inspection the practice provided more recent unverified data which showed that Men C immunisation rates for under two year olds increased to 87%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data provided by the practice showed 43% of patients aged 40–74 had their health checks. The health care assistant (HCA) told us that they were opportunistically carrying out health checks and also sending invitation letters to identified patients. We were also told that follow up appointments for second assessment following receipt of blood results were recorded and monitored, the practice also ran searches of patients who had failed to attend two appointments.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff we spoke to knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

A majority of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced with the exception of two, which were less favourable. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also made positive comments about specific clinics and felt that staff were always polite and welcoming.

The practice operated a virtual patient participation group (PPG) (using email networks and social media to enable the group to reach out to a wider diverse population). We saw evidence of where the PPG had made comments on areas such as online access and issues relating to telephone access. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

During the previous inspection, we saw that the practice carried out an internal GP patient survey in 2014 however; we did not see examples of actions taken following 40 respondents who rated clinician staff as being poor at listening. At this inspection, results from the January 2016 national GP patient survey showed patients did not rate the practice highly in regards to compassion; dignity and respect by the GP however were more favourable regarding contact with the nurse. For example:

- 73% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%
- 66% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

The practice provided further data from an internal patient survey carried out in April 2016, which showed that 91% of patients felt listened to and 84% felt at ease during consultations. National survey results published since the inspection identified that the results above had improved and in some areas they were in line with CCG and national averages, however satisfaction with the helpfulness of reception staff had decrease to 67%. Data provided by the practice from their own survey showed that 84% of patients were satisfied with reception staff.

The practice provided copies of their virtual PPG action plan, minutes from one meeting and a print out of their analysis of the practice internal GP survey, which showed more positive results. However, this lacked evidence of actions in which the practice intends to take to address the national GP patient survey findings.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans for patients with learning difficulties were personalised.

Good

Are services caring?

However, results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%
- 59% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided data from an internal patient survey carried out in April 2016, which showed that 83% of patients felt treatment were explained and 88% felt involved in their care. National survey results published since the inspection identified that the results above had improved, in some areas they were in line with CCG and national averages. For example, patients feeling of being involved in decisions about their care and treatment improved to 76%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and we were told that the data clerk produced information in larger fonts when required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations with the exception of bereavement support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (2% of the practice list). Staff we spoke to told us that GP appointments were offered to carers on the register; carers had access to annual health checks, flu vaccinations, stress levels review and advise to enable them to maximise their own health and needs. We observed written information in the reception area and via the electronic screen, which directed carers to the various avenues of support available to them.

There was no information available in the reception area regarding bereavement services. Staff we spoke with were unable to provide details of support offered to families who had suffered bereavement. Following the inspection the practice provided a copy of the bereavement letter, which they sent to those affected by a bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- The practice offered pre-bookable routine appointments for patients who find it difficult to attend during normal working hours on Mondays from 6pm to 7.30pm. The practice nursing team also offered appointments to accommodate working people and school-age children Monday to Thursday from 4pm to 6.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice, the GP, and advanced nurse practitioner carried out weekly nursing home ward rounds.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. For example, GPs and advanced nurse practitioner were on a call rota offering various emergency appointments and telephone triages.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop and translation services available.
- The practice accessed other health care services based in the multipurpose shared building. For example, the practice sign posted patients to dental care, memory clinics, minor surgery, and substance misuse clinics and community paediatrics.

Access to the service

The practice was open between 8am and 8pm Mondays, 8am and 6.30pm Tuesday to Friday.

Various GP consulting hours were available from 8.30am to 6.30pm Monday to Friday, extended hours provided on Mondays from 5pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for people that needed them.

During the initial inspection results from July 2015, national patient survey data showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages. Results from the January 2016 survey showed that patient's satisfaction with how they could access care and treatment varied, for example patients views of the practice opening times was comparable to local and national averages however were less favourable with how they could get through to the practice by phone.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 38% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 60% were able to get an appointment to see or speak to someone the last time they tried, compared to CCG average of 83% and national average of 85%.

The practice provided data from an internal patient survey carried out in April 2016 which showed that 97% of patients were satisfied with the practice's opening hours and 91% found it easy to get an appointment with the GPs. National survey results published since the inspection identified that the results above had declined in some areas and improved in others; however were still below CCG and national averages. For example, patients satisfaction with the practice's opening hours fell to 66%.

During the inspection patients we spoke told us that they experienced difficult making appointments with a named GP and had problems getting through to the practice by phone; however once they managed to get through they were able to get appointments. We saw two way communications with the patient participation group (PPG) regarding issues relating to telephone access and proposed servicing of the practice automated check in screens. To address the low patient satisfaction the practice were installing a new phone system; we saw that this was planned for September 2016.

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.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP or advanced nurse practitioner In cases where the urgency of need was so

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

great that it would be inappropriate for the patient to wait for a GP home visit, we were told that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke to were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

During the first inspection, we saw that the practice had received 25 complaints in the last 12 months and we saw evidence that complaints were handled satisfactorily and resolved. There was evidence that lessons learned from complaints were shared with staff in meetings. At this inspection, we saw that the practice had system in place for handling complaints and concerns however there was gaps in the following of the system. For example:

- We viewed the complaints policy and procedures and saw that they were in line with recognised guidance and contractual obligations for GPs in England. However we saw that staff were not working in line with the practice policy and procedures, for example we saw that acknowledgment of complaints were not always being sent within the recommended timeframe.
- We saw that responses letters did not inform complainant of what to do if they were not happy with the outcome, for example the letter did not sign post the complainant to other external services however, we saw that the practice complaints leaflet included this information.
- The practice kept an electronic record of verbal complaints however; this was not consistent for written complaints. When asked staff we spoke with told us that the practice had not received many written complaints.
- We saw that information was available to help patients understand the complaints system. For example, during our reception observation, we saw posters displayed in the reception area and the practice had a complaints leaflet, which was located on the reception desk, and copies were placed in the new patient registration pack.

The practice recorded eight complaints received in the last 12 months, we tracked three of these complaints and found that they were handled with openness and transparency however were not dealt with in a timely way. For example, we saw that the practice response time was three months and they were not providing patients with an updates or estimated timescale as stated in their complaints policy and procedure. We saw meeting minutes where complaints were discussed and recorded for staff to view. Although complaints were being discussed and staff we spoke with told us that information were being shared, we saw that recording of lessons learnt and a thorough analysis of individual complaints were limited.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

We discussed the vision of the service with the management team. We were told that the practice had a clear vision to deliver high standards of clinical care and promote good outcomes for patients.

- The practice had a mission statement, which was displayed in the waiting areas, and staff we spoke to were able to demonstrate their understanding of the practice values.
- The practice had a strategy and supporting business plan, which reflected the vision and values. The practice management team told us that their plans for the next three to six months were to strengthen their clinical audit cycle, continue working with patients and PPG to improve services and patient experience.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. However, the governance systems in place required strengthening, such as for the monitoring of procedures and the management of risks. For example:

- In the absence of some emergency medicines, the practice had not carried out a risk assessment to mitigate potential risks to patients. Following the inspection the practice provided copies of a completed risk assessment where risks had been identified and control measures established.
- Although we saw areas, where staff assessed patients' needs and delivered care in line with current evidence based guidance, we found that improvements were required. For example, although staff were carrying out informal multidisciplinary meetings for palliative care patients and updating patient care plans, evidence of formal minuted meetings were limited. Staff we spoke to provided evidence of where the practice had attempted to arrange formal palliative care meetings however faced difficulties in coordinating health care professionals' diaries.
- There were differences' in the level of collaborative working with local care homes. For example we spoke to three out of five care homes; feedback we received was positive from two however less favourable from one which cared for the highest number of registered patients. We were told that the practice were not always carrying out visits which led to the care home having to access out of hours services.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff; however, we saw that complaints were not consistently being responded to within the recommended timeframe as outlined in the practice policy.
- Management had an understanding of the performance of the practice and we saw that continual professional events were used to discuss practice performance. For example, the practice discussed their QOF results and systems to improve their results during their continual professional development meetings. We saw that the practice also used these events to highlight main areas for improvement following the outcomes of the national GP patient survey.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. During the first inspection, the management team told us that they had identified the need to strengthen clinical audits at the practice although we did not see any formal plans in place. At this inspection, we saw evidence of one completed audit cycle and we were told that the practice planned to further strengthen their clinical audit cycle however we did not see any formal plans in place.

Leadership and culture

Staff told us the manager and GPs 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).

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement

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

- Staff we spoke with told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager and clinical team. Staff we spoke to told us that they were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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, with the exception of an action plan to address areas the practice intends to take to address national GP survey findings.

- The practice had gathered feedback from patients through their virtual patient participation group (PPG) and through surveys and complaints received. The practice sent updates and queries to the virtual PPG regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw two way communications regarding issues relating to telephone access and proposed servicing of the practice automated check in screens.
- The practice used monthly newsletters to communicate practice updates, for example, we saw that the practice communicated changes to the running of their baby clinics; they also used the newsletter to encourage parents to book child immunisations and 6 week checks.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example we were told that staff reported issues with the phone systems as they were receiving a high turnover of calls at 8am, we were told that the practice took this on board and as a result they were in the process of installing a new phone system. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on improving access and reducing health inequalities for vulnerable groups. For example, the practice worked with the local addiction service to offer shared care opiate dependency replacement clinics, which they facilitated in conjunction with community outreach workers. This allowed the practice to effectively manage physical and psychological problems that may coexist with illicit substance misuse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** The registered person did not assure themselves that staff understood or were following the practice complaints process. The registered person did not assure themselves that staff were following current related guidance. For example, complainants, and those about whom complaints are made were not kept informed of the status of their complaint and its investigation. The practice was not responding to complaints or sending acknowledgment letters in a timely manner. This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that is reasonably practicable to mitigate risks. For example, they did not ensure sufficient medicines were available in order to take appropriate actions in the event of a medical emergency. They did not carry out a risk assessment to mitigate risks in the absence of emergency medicines required to respond to epileptic seizures. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.