

# Dr William Porter

## Quality Report

St James's Medical Practice  
Malthouse Drive  
Dudley  
West Midlands  
DY1 2BY

Tel: 01384255387

Date of inspection visit: 13 June 2017

Website: [www.stjamesmedicalpracticedudley.nhs.uk](http://www.stjamesmedicalpracticedudley.nhs.uk) Date of publication: 14/07/2017

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## 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	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Dr William Porter	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We previously inspected Dr William Porters practice on 2 August 2016. As a result of our inspection visit, the practice was rated as requires improvement. Specifically, the practice was rated as inadequate for providing safe services and requires improvement for providing effective and well led service. A requirement notice was issued to the provider. This was because we identified regulatory breaches in relation to regulation 12, Safe care and treatment, regulation 17, Good governance and regulation 18, Staffing. We identified some areas where the provider must make improvements and some areas where the provider should make improvements.

We carried out an announced comprehensive inspection at Dr William Porters practice, also known as St James's Medical Practice on 13 June 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. You can read the reports from our previous inspections, by selecting the 'all reports' link for Dr William Porter on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. We noted improvements with regards to the management of safety alerts during our most recent inspection and evidence demonstrated that clinicians received and acted on alerts when needed.
- Significant events and audits were used as opportunities to drive improvements. Some audits were completed in response to the findings from our previous inspection, including audits focussing on the effectiveness of failsafe systems for cytology results.
- When we inspected the practice in 2016 we found that some areas of monitoring high risk medicines required improvement. During our most recent inspection we saw that patients prescribed high risk medicines were monitored and reviewed.
- We noted significant improvement to staff files during our most recent inspection. The files showed that

# Summary of findings

appropriate recruitment checks had been undertaken prior to employment, overall we found that the files were organised. A locum induction pack was also implemented following our previous inspection.

- Most recently we saw that more formal supervision was in place for the practice nurse prescriber, with support from the practice GP. The nurse had also attended prescribing updates relevant to the areas they prescribed in.
- We observed the premises and medical equipment to be visibly clean. Previously we found that records were not kept to reflect the cleaning of specific medical equipment. Most recently we saw records to demonstrate that the equipment used for ear irrigation was cleaned, but there were no records in place to support the cleaning of other medical equipment.
- Although the practices cervical screening uptake had improved by 2% since our previous inspection, cervical screening and bowel cancer screening rates remained below local and national averages.
- When we inspected the practice in 2016 we found some patients at risk of hospital admission did not have personalised care plans in place. During our most recent inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.

- Since 2016, the practices carers register had increased from 18 to 26 carers; this was 1% of the practices list. Although there was some support in place for carers, there was no information available to take away or on display in the practice to support carers.
- There was information about how to complain on the practice website and the practice displayed this information in the waiting area following our inspection.
- During our most recent inspection we saw improvements in governance, risk management and record keeping across areas including the management of the cold chain (for the safe storage and handling of vaccinations).

The areas where the provider should make improvements are:

- Continue to focus on improving cancer screening rates overall.
- Ensure that carers are able to easily access supportive information and continue to identify carers in order to offer them support where needed.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Significant events, incidents and complaints were used as opportunities to drive improvements. Staff shared learning during practice meetings and clinical meetings.
- During our previous inspection we found that nurses did not receive medical alerts, such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Additionally, the practice was unable to demonstrate how they took action in relation to specific alerts.
- We noted improvements during our most recent inspection. There was a system in place to keep a record of alerts and action taken and we saw evidence to support that clinicians received alerts and appropriately acted on them when needed.
- There was a system in place for the prescribing of high risk medicines. When we inspected the practice in 2016 we found that some areas of monitoring high risk medicines required improvement. During our most recent inspection we saw that patients prescribed high risk medicines were monitored and reviewed.
- When we viewed staff files as part of our previous inspection, we did not see evidence of appropriate recruitment checks for some staff prior to employment. We noted significant improvement during our most recent inspection. The files showed that appropriate recruitment checks had been undertaken prior to employment.
- Previously we found that records were not kept to reflect the cleaning of specific medical equipment. Most recently we saw records to demonstrate that medical equipment was cleaned.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- When we inspected the practice in 2016 we found that whilst treatment plans were in place for patients who were at high risk of admission to hospital, some of these patients did not have personalised care plans in place.

# Summary of findings

- During our most recent inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.
- During our previous inspection we found that the practice did not have an induction pack for locum clinicians to use when working at the practice, we saw that an induction pack was in place during our most recent inspection.
- When we inspected the practice in 2016, the practice was unable to demonstrate how the nurse prescriber stayed up to date with prescribing guidelines for the areas that they prescribed in. Most recently we saw that more formal supervision was in place with support from the practice GP, the nurse had also attended prescribing updates relevant to the areas they prescribed in.
- We saw that audits were used to drive improvements in patient care and to improve systems and processes in the practice. Some audits were completed in response to the findings from our previous inspection, including audits focussing on monitoring specific high risk medicines and the effectiveness of failsafe systems for cytology results.

## Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect.
- There was a strong theme of positive feedback from patients we spoke with on the day, throughout the completed CQC comment cards and on the results from the national GP patient survey (published in July 2016).
- Since 2016, the practices carers register had increased from 18 to 26 carers; this was 1% of the practices list. Staff explained that they felt they had more carers registered with the practice and the practice was planning to complete a piece of cleansing work to ensure that carers were captured on the practices patient record system, in order to offer them support where needed.
- Although there was some support in place for carers, such as flu vaccinations and annual reviews, there was no information available to take away or on display to support carers. Staff

Good



# Summary of findings

explained that information was usually printed from online searches however members of the management team explained that to improve this they would develop some carer's packs.

- Staff told us that if families had suffered bereavement, the GP contacted them and followed up with a consultation at a flexible time and location to meet the family's needs. The GP also had a background in Psychiatry and offered bereavement counselling.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- There were a number of additional services and organisations situated in the premises shared by the practice; this included a pulmonary rehab service and a physiotherapy service which patients could access through referral from a healthcare professional. There was also a chemist based in the premises shared by the practice.
- Results from the national GP patient survey published in July 2016 highlighted that responses in relation to access were above local and national averages. The patients we spoke with during our inspection and many of the completed comment cards gave positive feedback with regards to the service provided.
- The practice's NHS Choices webpage contained mostly positive feedback about care and treatment although we noted that some comments highlighted negative experiences with regards to accessing the practice by telephone. Staff were encouraging use of online registrations and text messaging cancellation services to ease telephone traffic.
- The practice had not received any formal complaints since March 2016; patients we spoke with on the day said they never needed to make a complaint. There was information about how to complain on the practice website and the practice displayed this information in the waiting area following our inspection.

Good



## Are services well-led?

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

- Staff spoke positively about working at the practice, they commented that they felt valued and part of a close practice team. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Good



# Summary of findings

- During our most recent inspection we saw improvements across governance arrangements. For example, record keeping had significantly improved with regards to staff recruitment, training, fire drills and the management of the cold chain (for the safe storage and handling of vaccinations).
- Where risks were identified, actions were implemented and recorded to help manage and mitigate risks. This included improved management of risks associated with legionella.
- At the time of our previous inspection we found that the practice no longer had an active PPG and staff explained that they were in the process of re-establishing a PPG. We saw that a small PPG had been developed following our inspection.
- During our inspection we saw that the provider had displayed the ratings from their previous CQC inspection in 2016. We noted that the practice had also outlined what action they had taken in relation to the areas identified for improvement. This was a suggestion from a PPG member so that patients could see how the practice was taking steps to improve.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients received good continuity of care with a named GP and a structured annual review to check that their health and medicines needs were being met.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery. A phlebotomy service (taking blood for testing) was available in the practice and at home for patients who were housebound.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75.

Good



### People with long term conditions

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

- We saw evidence that multidisciplinary team meetings took place on a regular basis with regular representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- The clinical team had a mixture of enhanced skills including long term condition and chronic disease management.
- Performance for overall diabetes related indicators was 93%, compared to the CCG average of 86% and national average of 89%. This had improved from 82% following our previous inspection.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.

Good





# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of children aged two with pneumococcal conjugate booster vaccine was 95% compared to the national standard of 90%. Additionally, 96% of children aged two had received a Measles, Mumps and Rubella vaccine (MMR vaccine) compared to the national standard of 90%.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions. The practice also had good access to the health visitor team who were also based in the premises shared by the practice; this supported them to regularly liaise and communicate with health visitors.
- At the time of our previous inspection, the practice's uptake for the cervical screening programme was 65%. To improve this, the practice created a cervical screening display board in the patient waiting area to encourage uptake and education patients.
- Data from 2015/16 indicated that this had increased to 67% compared to the CCG average of 71% and national average of 72%. Staff explained that local uptake was generally low but that the practice was continuing to actively encourage screening and educate patients to improve uptake. More recent data was provided shortly after the inspection, this highlighted an improvement in cervical screening rates at 69%.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- Appointments could be booked over the telephone, face to face and online. The practice offered extended hours on Monday mornings at an earlier time of 7:30am and then on Monday evenings between 6:30pm and 7:30pm.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good



# Summary of findings

Data from 2015/16 highlighted that breast cancer screening rates were at 70% compared to the CCG and national averages of 72%; this had improved compared to the 2014/15 when breast cancer screening rates were 60%.

- However, bowel cancer screening rates remained at 48% when compared to the data from 2014/15, compared to the CCG and national averages for bowel cancer screening of 57%.
- Patients had access to appropriate health assessments and checks. Practice data highlighted that they identified and offered smoking cessation advice to 127 patients and 3% had successfully stopped smoking.

## People whose circumstances may make them vulnerable

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

- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. Multi-disciplinary team (MDT) meetings took place on a regular basis with regular representation from other health and social care services.
- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were frequently reviewed in the practice and 73% of their eligible patients had received a health review and there were further reviews planned.
- We saw that the practice's palliative care register was regularly reviewed; practice data highlighted that 76% of these patients had a care plan in place and 92% of their eligible patients had received a health review and there were further reviews planned.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- There were disabled facilities, hearing loop and translation services available.

Good



# Summary of findings

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

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia. The GP also had a background in psychiatry and had a special interest in mental health.
- Data provided by the practice during our inspection highlighted that 40% of these patients had care plans in place and 68% of their eligible patients had received a health review and there were further reviews planned.
- 90% of the practices patients diagnosed with dementia had care plans in place and 91% of their eligible patients had received a health review and there were further reviews planned.
- The practices multidisciplinary team meetings contained examples of where patients were supported by the GPs and referred to the Integrated Plus scheme, the practice utilised the scheme for some of their patients who were experiencing poor mental health. The practice supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

Good



# Summary of findings

## What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with four patients during our inspection.

There was a consistent theme of positive feedback from patients during our inspection. This theme was reflected in feedback from patients we spoke with on the day, the completed CQC comment cards and the positive results from the national GP patient survey. Patients and comment cards gave positive feedback with regards to the service provided. Staff were described as caring, friendly and helpful.

The practice received 90 responses from the national GP patient survey published in July 2016, 233 surveys were sent out; this was a response rate of 39%, this represented 4% of the practices registered patient list. The results showed that the practice received positive responses and performance was above average for all areas of the survey.

- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 98% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 95% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue to focus on improving cancer screening rates overall.
- Ensure that carers are able to easily access supportive information and continue to identify carers in order to offer them support where needed.

# Dr William Porter

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Dr William Porter

Dr Porters practice is based in St James's Medical Practice located in the Dudley area of the West Midlands. There are approximately 2300 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a single handed GP, nurse prescriber, two practice nurses and a health care assistant. The GP is supported by a locum GP every Wednesday afternoon from 1pm. The single handed GP and the practice manager form the practice management team and they are supported by a team of 10 staff members who cover secretarial, administration and reception duties.

The practice is open for appointments between 7:30am and 6:30pm during weekdays and extended hours are also available on Mondays until 7:30pm.

The practice has a contractual agreement in place with a local urgent care provider called Primecare which covers home visit duties on Wednesdays between 1pm until

6:30pm. This ensures that whilst a locum GP is providing primary care cover at the practice, home visits can be carried out for any terminally ill patients, housebound patients and those who are too poorly to attend the practice. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We previously inspected Dr William Porters practice on 2 August 2016. As a result of our inspection visit, the practice was rated as requires improvement. Specifically, the practice was rated as inadequate for providing safe services and requires improvement for providing effective and well led service. A requirement notice was issued to the provider. This was because we identified regulatory breaches in relation to regulation 12, Safe care and treatment, regulation 17, Good governance and regulation 18, Staffing. We identified some areas where the provider must make improvements and some areas where the provider should make improvements.

We carried out an announced comprehensive inspection at Dr William Porters practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, on 13 June 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. The inspection was also 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 provider under the Health and Social Care Act 2008 and associated regulations.

# Detailed findings

## How we carried out this inspection

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

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

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

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

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

The inspection team:

- Reviewed information available to us from other organisations such as NHS England
- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 13 June 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed the practices policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff explained that they verbally reported concerns and incidents to the practice manager; these were recorded in the GPs incident book and transferred on to significant event reporting forms for discussion at practice meetings.

We saw records of six significant events which had occurred since November 2016. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. Actions included refreshing staff on the use of systems to monitor test results from secondary care in relation to a near miss. We saw that when things went wrong with care and treatment, people were given reasonable support, truthful information and a verbal and written apology.

We saw minutes of practice meetings and clinical meetings which highlighted that significant events were discussed with all staff and records demonstrated that the GP also reflected on significant events as part of their appraisal.

### Overview of safety systems and processes

- During our previous inspection we found that nurses did not receive medical alerts, such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Additionally, the practice was unable to demonstrate how they took action in relation to specific alerts. We noted improvements during our most recent inspection. Staff explained that safety alerts were disseminated by the practice manager. Additionally, clinicians and the local Clinical Commissioning Group (CCG) pharmacist were also signed up to receive some alerts electronically through email. There was a system in place to keep a record of alerts and action taken. We saw evidence to support this, for example, in relation to an MHRA alert we saw that the practice had carried out a search to identify and review female patients who had been prescribed a specific medicine to treat mental health conditions and epilepsy.

- The practice had clearly defined and embedded systems in place to keep people safe and safeguarded from abuse. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. We noted that staff had access to current safeguarding information, resources for patients, policies and access to training material. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The GP was the lead member of staff for safeguarding. They attended regular safeguarding meetings and provided reports where necessary for other agencies; we saw evidence to support this during our inspection. The practice had good access to the health visitor team who were also based in the premises shared by the practice; this supported them to regularly liaise and communicate with health visitors. We also saw that safeguarding was covered each month during dedicated safeguarding and multidisciplinary team (MDT) meetings.
- Staff we spoke with demonstrated that they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- When we viewed staff files as part of our previous inspection, we found them to be lacking in key information to support that appropriate recruitment checks had been undertaken for staff prior to employment. We noted significant improvement during our most recent inspection. We looked at seven staff files including three locum files. The files showed that appropriate recruitment checks had been undertaken prior to employment such as; proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. 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.
- Notices were displayed to advise patients that a chaperone service was available if required. Nursing staff and members of the reception team would usually act as chaperones. We saw that DBS checks were in place for members of staff who chaperoned and all of them had received chaperone training.

## Are services safe?

- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to demonstrate that the practice was frequently cleaned. The practice manager explained that following our previous inspection they had recruited a new cleaning firm to manage this. We noted that there were some good control measures in place such as regular audits of cleaning standards in addition to infection control audits.
- During our previous inspection we found that records were not kept to reflect the cleaning of specific medical equipment. We saw records to demonstrate that medical equipment was cleaned during our most recent inspection.
- One of the nurses was the infection control lead. When we inspected the practice in 2016 we found that some actions identified from the infection control audit had not been implemented, such as the need for staff to complete infection control training. We also found that infection control training wasn't included in the practice's induction programme for new staff members and although staff had access to e-learning, they did not always complete modules such as the modules available on infection control. Most recently we saw that there was an infection prevention control protocol in place. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. We saw calibration records to ensure that clinical equipment was checked and working properly. The vaccination fridges were well ventilated and secure. During our previous inspection we found that the practice's cold chain records did not reflect best practice guidance by Public Health England. Effective management of the cold chain is important for the safe storage and handling of vaccinations. Most recently we saw that vaccinations were stored within the recommended temperatures and record keeping reflected national guidance.
- The practice used an electronic prescribing system and prescription stationery was securely stored. All prescriptions were reviewed and signed by a GP before they were given to the patient. During our previous inspection we found that the practice did not operate an effective system to monitor and track their prescription stationery. Shortly after our inspection the practice submitted records to demonstrate that they had embedded an adequate system to track prescription stationery and we saw further records to support this as part of our most recent inspection. Uncollected prescriptions were checked on a regular basis and that those exceeding a two month period were reviewed by the GP and securely disposed of where needed.
- There was a system in place for the prescribing of high risk medicines. When we inspected the practice in 2016 we found that some areas of monitoring high risk medicines required improvement. During our most recent inspection we saw that patients prescribed high risk medicines were monitored and reviewed.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

### Monitoring risks to patients

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. We saw records to show that regular fire alarm tests had taken place. Staff we spoke with said that fire drills took place and we saw that these had been recorded, following our previous inspection. Risk assessments covered fire risk and risks associated with infection control such as legionella and the control of substances hazardous to health (COSHH).

During our previous inspection we found that although risks associated with legionella had been assessed, the practice had not completed the recommended actions which were highlighted on the risk assessment. This



## Are services safe?

included actions such as conducting a weekly flush of the water systems and monitoring temperatures on a monthly basis. During our most recent inspection we saw records in place to demonstrate that these actions were regularly completed as required.

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

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to respond to emergencies and major incidents. There was a system on

the computers in all the treatment rooms which alerted staff to any emergency in the practice. The practice had a business continuity plan in place for major incidents such as power failure or building damage. There was a first aid kit and accident book available.

Records showed that all staff had received training in basic life support. The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.

When we inspected the practice in 2016 we found that whilst treatment plans were in place for patients who were at high risk of admission to hospital, some of these patients did not have personalised care plans in place. During our most recent inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.

### Management, monitoring and improving outcomes for people

Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. Partial QOF results from 2015 were 95% of the total number of points available, with 7% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

From October 2015 the practice had signed up to pilot the Dudley clinical commissioning group's long term condition framework. This was a local framework which replaced QOF for Dudley practices that opted in to pilot the local quality framework from October 2015 and from April 2016; this practice began piloting the local framework in October 2015.

- QOF performance between April 2015 and October 2015 indicated that the percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 1%.

- The practice had 30 patients on the mental health register. Data provided by the practice during our inspection highlighted that 40% of these patients had care plans in place and 68% of their eligible patients had received a health review and there were further reviews planned.
- There were 11 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 90% of their patients had care plans in place and 91% of their eligible patients had received a health review and there were further reviews planned.
- Performance for overall diabetes related indicators was 93%, compared to the CCG average of 86% and national average of 89%. This had increased from 82% following our previous inspection.

The practice shared records of five clinical audits. Records included a rolling diabetic monitoring audit and an audit on chronic obstructive pulmonary disease (COPD) diagnosis. We also noticed that some audits were completed in response to the findings from our previous inspection, including audits focussing on monitoring specific high risk medicines and the effectiveness of failsafe systems for cytology results.

We saw that audits were used to drive improvements to patient care as well to improve systems and processes in the practice. For instance, the COPD audit was aimed at improving identification of patients at risk of developing COPD and presenting specific symptoms. We saw that guidance from the British Lung Foundation was referenced within the audit to mark the GPs research. The overall objective of the audit was to diagnose approximately 2% of the practices patients, in line with the British Lung Foundation standards and the practices list size. The first audit was conducted in July 2011, 35 patients were referred for spirometry; this is a test used to diagnose various conditions that affect breathing. As a result 1.52% of the practices list was diagnosed with COPD. The GP repeated the audit in January 2017 and noticed a slight increase in diagnosis rates; this was due to actively referring patients for spirometry. Four more patients were diagnosed which represented 1.69% of the practices patients. This was an ongoing piece of work and at the time of our inspection in June 2017, practice data indicated that 2% of the practices population had been diagnosed with COPD.

# Are services effective?

(for example, treatment is effective)

## Effective staffing

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety, infection control and confidentiality. Induction programmes were also tailored to reflect the individual. During our previous inspection we found that the practice did not have an induction pack for locum clinicians to use when working at the practice, we saw that an induction pack was in place during our most recent inspection.
- The clinical team had a mixture of enhanced skills including long term condition and chronic disease management. The GP also had a background in psychiatry and had a special interest in mental health. There was support for the revalidation of the GP and practice nurses. Clinicians were up to date with their yearly continuing professional development requirements and had been revalidated. One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. During our previous inspection we found that the practice was unable to demonstrate how the nurse prescriber stayed up to date with prescribing and best practice guidelines for the areas that they prescribed in. Most recently we saw that more formal supervision was in place with support from the practice GP, the nurse had also attended prescribing updates relevant to the areas they prescribed in.
- Staff received regular reviews, annual appraisals and regular supervision. Staff across the practice were supported to attend training courses. We saw examples of many certificates for members of the nursing team to demonstrate that they frequently attended study days, such as updates on immunisations and cervical screening. Non clinical staff had been supported in attending training to support them with their duties which included courses in medical terminology. The practice manager was completing a level five practice management diploma and a member of the team was also being supported in achieving an NVQ to become a health care assistant. In addition to in-house training staff sometimes made use of e-learning training modules.

- The practice worked closely with a pharmacist from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicines audits and monitored the use of antibiotics to ensure they were not overprescribing.

## Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team (MDT) meetings and palliative care meetings took place on a monthly basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

The practice had 17 patients on their palliative care register. The data provided by the practice highlighted that 76% of these patients had a care plan in place and 92% of their eligible patients had received a health review and there were further reviews planned. We saw that the practice's palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

There were 13 patients on the practice's learning disability register, 53% of their eligible patients had received a health review and there were further reviews planned. These patients were discussed as part of the MDT meetings to support the needs of patients and their families.

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 11 patients were on the register, these patients were frequently reviewed in the practice and 73% of their eligible patients had received a health review and there were further reviews planned.

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff had received training in

# Are services effective?

(for example, treatment is effective)

the Mental Capacity Act 2005 and understood the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.

- Data provided by the practice showed that they had offered smoking cessation advice and support to 127 patients and 11 (3%) had successfully stopped smoking.
- The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over.
- When we inspected the practice in 2016, we found that the practice did not have a consistent failsafe system in place for all nurses to check that tests results were received for every cervical screening sample. We noted that a more effective system was in place during our most recent inspection, nurses operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. Furthermore, we saw that the practice audited the effectiveness of this system on a regular basis.
- At the time of our previous inspection, the practice's uptake for the cervical screening programme was 65%.

To improve this, the practice created a cervical screening display board in the patient waiting area to encourage uptake and inform patients. Data from 2015/16 indicated that this had increased to 67% compared to the CCG average of 71% and national average of 72%.

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice offered reminders for patients and actively sent invites out for cervical screening appointments. Staff explained that local uptake was generally low but that the practice was continuing to actively encourage screening and educate patients to improve uptake. More recent data was provided shortly after the inspection, this highlighted an improvement in cervical screening rates at 69%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015/16 highlighted that breast cancer screening rates were at 70% compared to the CCG and national averages of 72%; this had improved compared to the 2014/15 when breast cancer screening rates were 60%. Bowel cancer screening rates remained at 48% when compared to the data from 2014/15, compared to the CCG and national averages for bowel cancer screening of 57%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Data from 2015/16 demonstrated that the practice performance was above standard for most child immunisations. For example, the percentage of children aged two with pneumococcal conjugate booster vaccine was 95% compared to the national standard of 90%. Furthermore, 96% of children aged two had received a Measles, Mumps and Rubella vaccine (MMR vaccine) compared to the national standard of 90%. MMR vaccine rates for five year olds ranged from 79% to 94% compared to the CCG average of 92% to 97% and the national average of 87% to 93%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

There was a strong theme of positive feedback from patients during our previous and most recent inspections. This theme was reflected in feedback from patients we spoke with on the day, the completed CQC comment cards and the positive results from the national GP patient survey (published in July 2016).

- Curtains and screens 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Practice performance was above average for all areas of the national GP patient survey:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 100% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with four patients on the day of our inspection. Patients told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected. Staff were described as caring, approachable and helpful. Patients spoke highly of the care provided by all clinicians at the practice. We received 32 completed CQC comment cards during our inspection. All comment cards were extremely positive about the care provided at the practice and overall, staff were described as friendly and very caring.

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

Patients we spoke with and completed comment cards highlighted that patients felt involved in decision making about the care and treatment they received. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

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

Notices in the patient waiting room told patients how to access a support groups and organisations. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

When we inspected the practice in 2016 there were 18 patients on the practices register for carers; this was 1% of the practice list. During the inspection staff advised that they were planning to incorporate carer identification in to the form they used for new patient registrations. Most recently we found that the carers register had increased slightly to 26 carers. Members of the management team explained that they felt they had more carers registered

## Are services caring?

with the practice and that they were planning to complete a piece of cleansing work to ensure that all carers were captured and correctly coded on the practice's patient record system.

The practice offered annual reviews and flu vaccinations for anyone who was a carer. However, we could not see specific supportive information available or on display to support carers during our inspection; such as information to take away. Staff explained that resources and information were usually printed from online searches however members of the management team explained that to improve this they would develop some carer's packs following our inspection.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or

isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. The practice utilised the scheme for some of their patients who were experiencing poor mental health, living in isolation and feeling lonely. These patients were signposted to local support services including activity groups, mental health support as well as drug and alcohol support groups.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Phlebotomy services and also immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- The practice held an in-house phlebotomy service every Monday so that patients could attend the practice for blood tests instead of needing to travel to the phlebotomy clinic at the local hospital.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Monday mornings at an earlier time of 7:30am and then on Monday evenings between 6:30pm and 7:30pm. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- There were disabled facilities, hearing loop and translation services available. There was also a chemist based in the premises shared by the practice.
- There were a number of additional services and organisations situated in the premises shared by the practice; this included a pulmonary rehab service and a physiotherapy service which patients could access through referral from a healthcare professional.

### Access to the service

The practice was open from 8am through to 6:30pm during weekdays and appointments ran from 9am to 6pm. There was a GP on call each morning between 8am and 8:30am. Additionally, extended hours were offered on Monday mornings at an earlier time of 7:30am and then on Monday

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

The patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to the service provided. Most of the comment cards highlighted that appointments were available when needed and that patients never felt rushed during consultations.

Results from the national GP patient survey published in July 2016 highlighted that responses in relation to access were above local and national averages, for example:

- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 95% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 73% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

As part of our inspection we viewed the comments on the practices NHS Choices webpage and although feedback was mostly positive about care and treatment, we noted that some comments highlighted negative experiences with regards to accessing the practice over the telephone. This was also difficult when we tried to contact the practice as part of our inspection planning process. We noticed that comments were not responded to on the NHS Choices webpage; although staff explained that they were exploring ways to improve this.

We discussed telephone access with the practice manager who explained that telephone lines were occasionally busy as the two practices in the premises shared one telephone system. The practice was in the early stages of exploring

# Are services responsive to people's needs?

(for example, to feedback?)

ways to monitor and analyse peak times to make improvements. In the meantime, staff were encouraging use of online registrations and text messaging cancellation services to help ease telephone traffic.

## Listening and learning from concerns and complaints

There was a designated responsible person who handled all complaints in the practice. Although the practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England, we found that information on how to complain could be improved.

For example, although those attending the practice were informed about how to complain in the practice leaflet, they need to be aware that they could request a leaflet from a receptionist; and there was no information on display to inform patients of this. The practice website guided patients to contact the practice manager to discuss complaints.

Staff explained that they had not received any formal complaints in writing. This was also evident during our previous inspection; however we saw that the GP had reflected on the one verbal complaint received in the practice during March 2016 as part of their appraisal process. The appraisal record demonstrated that the complaint was handled with openness and transparency. Patients we spoke with during our inspection advised that they never needed to make a complaint.

Shortly after our inspection we received evidence to demonstrate that information on how to complain had been displayed in the practice. Additionally, receptionists were being encouraged to hand out complaints information as a further method of gathering and responding to patient concerns.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice's vision was to provide patients with a high quality, caring service and to treat patients and one another with dignity and respect at all times. Staff spoke positively about working at the practice they commented that they felt valued and part of a close practice team. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

### Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet system.
- The practice had a regular programme of practice meetings; these included monthly practice meetings and clinical meetings. Meetings were governed by agendas which staff could contribute to. We saw minutes of these meetings which highlighted that key items such as significant events and changes to policies and processes were discussed during the meetings.

We also noted the following improvements across governance arrangements since our previous inspection in 2016. For example:

- Record keeping had significantly improved with regards to staff recruitment, training, fire drills and the management of the cold chain (for the safe storage and handling of vaccinations).
- Where risks were identified, actions were implemented and recorded to help manage and mitigate risks. This included improved management of risks associated with legionella.

### Leadership, openness and transparency

The single handed GP and the practice manager formed the management team at the practice. The management

team worked closely together and encouraged a culture of openness and honesty in the practice. The GP and the practice manager were visible in the practice and conversations with staff demonstrated that they were aware of the practice's open door policy.

The practice manager engaged with local practice managers by attending regular Dudley Practice Manager Alliance (DPMA) meetings; to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas. The GP often met and engaged with the two GP partners who led the practice which was based within the shared premises.

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. The practice had systems in place to ensure that when things went wrong with care and treatment, people were given reasonable support, truthful information and a verbal and written apology.

### Seeking and acting on feedback from patients, the public and staff

At the time of our previous inspection we found that the practice no longer had an active PPG and staff explained that they were in the process of re-establishing a PPG. We saw that a small PPG had been developed following our inspection and although we were unable to speak with the PPG members as part of our most recent inspection, we saw minutes which demonstrated that regular PPG meetings were held.

During our inspection we saw that the provider had displayed the ratings from their previous CQC inspection in 2016. We noted that the practice had also outlined what action they had taken in relation to the areas identified for improvement. This was a suggestion from a PPG member so that patients could see how the practice was taking

# Are services well-led?

Good 

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

steps to improve. The PPG also initiated health promotion boards which were displayed in the practice to inform patients about the health and social care services in the area.

The practice had recently developed an in-house patient survey as a way of gathering more feedback on patient

experiences and to identify areas for improvement. The practice was in the process of collating the completed surveys and completing an analysis, we noted that the survey was anonymous and encouraged open feedback from patients by asking if there was anything that could be improved.