

Care Quality Commission

Inspection Evidence Table

The Greens Health Centre (1-545791208)

Inspection date: 11 March 2019

Date of data download: 05 March 2019

Overall rating: Requires improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Requires improvement

We rated the practice as requires improvement for providing a safe service because:

- The policy for safeguarding vulnerable adults did not contain updated categories of abuse.
- Recruitment checks had not always been carried out in accordance with regulations.
- There was no record of the last fire evacuation drill and there had not been a drill carried out in the last 12 months.
- Health and safety arrangements needed further strengthening.
- Patients on repeat medicines were not always reviewed in a timely way.

Safety systems and processes

The practice systems, practices and processes to keep people safe and safeguarded from abuse required strengthening.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Partial
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes

Safeguarding	Y/N/Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The vulnerable adults safeguarding policy was last reviewed 12 November 2018 but did not include updated forms of abuse such as modern-day slavery and human trafficking. The policy did not include how vulnerable adult patients at the practice were flagged to ensure staff were aware. The provider confirmed that the policy had been updated following the inspection. An alert was added to each patient record to make vulnerable adults easily identifiable to all staff. All clinicians were trained to level three safeguarding. All Administration staff had completed level one safeguarding training. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The professional registration expiry dates were diarised so an electronic reminder was automatically generated for the practice manager. We reviewed the records of four members of staff. Most checks had been carried out but there was no record of health assessments or immunisation status for staff. There was no service level agreement (SLA) in place or evidence of recruitment checks carried out for locum GPs provided by agencies except for their GMC number. Following the inspection, the practice obtained an SLA from the agency used for any locum requirement. The provider had added a requirement for all recruitment checks to be carried out on any GP booked through the agency before they commenced work at the health centre. In addition, any locum GP was checked against the General Medical Council (GMC) register by the provider. 	

Safety systems and records	Y/N/Partial
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There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes March 2019
There was a record of equipment calibration. Date of last calibration:	Yes February 2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes December 2018
There was a log of fire drills. Date of last drill:	No Not known
There was a record of fire alarm checks. Date of last check:	Yes March 2019
There was a record of fire training for staff. Date of last training:	No N/A
There were fire marshals.	No
A fire risk assessment had been completed. Date of completion:	Yes 12/11/2017
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Fire alarms were tested weekly on a Monday. Records of these checks were retained. Fire safety training had been scheduled for 14 March 2019	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 17/02/2017
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Partial
Explanation of any answers and additional evidence: The landlord of the property had carried out some risk assessments. For example, a legionella risk assessment had been carried out in January 2017 and ongoing checks were being completed and documented. There was no active health and safety lead. However, there was a 'health and safety policy statement' that named the senior partner as overall responsible for health and safety and the practice manager as responsible for adherence with the policy. There was a mandatory health and safety poster on the staff notice board but no named persons responsible. Staff had completed health and safety training.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	02/08/2017
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The infection prevention control audits were carried out every three years as a minimum by Public Health. The practice had scored 95% compliance in the last audit.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, the practice was not up to date with reviews of patients on repeat medication.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.17	0.94	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.9%	5.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.61	5.18	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	3.20	1.93	2.22	No statistical variation

The practice had produced an antimicrobial prescribing action plan. Audits had been completed and the second cycle for October 2017 to January 2018 showed a reduction from 1068 prescriptions for antimicrobial items to 887 items for October 2018 to January 2019.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision	N/A

Medicines management	Y/N/Partial
or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed (or worked with) pharmacists to carry out reviews for patients who required repeat medicines. However, there was a delay in the system for this process and the service had not identified how they would rectify this.</p>	

Track record on safety and lessons learned and improvements made

The practice made improvements when things went wrong but did not have a system to share learning with staff.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Four
Number of events that required action:	Four

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Missed diagnosis of a patient by secondary care.	The practice identified an issue with a patient who had been discharged from hospital having been referred for suspected pulmonary embolism (a blockage of the artery in the lungs). The patient re-attended the accident and emergency department with similar symptoms a week later and was diagnosed with a pulmonary embolism following a cardiac arrest. The practice reported their concerns to the clinical commissioning group patient safety department.
Influenza vaccine given to patient but recorded on the record of another patient with the same name	Data was corrected and a second check of identity introduced for clinicians to confirm patient identification. This secondary check was extended to the reception team to be used when booking appointments. The secondary check of identification was that in addition to asking the patient's name, staff would check date of birth or address.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Effective

Rating: Requires improvement

We rated the practice as requires improvement for providing effective services. This was because:

- There was no formal system for clinical supervision and oversight.

We rated the practice as requires improvement for all the populations groups except for: People experiencing poor mental health (including people with dementia) which we rated as inadequate. This was because:

- The practice did not have an effective system that ensured regular reviews were completed on patients experiencing poor mental health including people with dementia.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: The practice performance for managing patients with a long-term condition was below the Clinical Commissioning Group (CCG) averages. The practice had registers of patients with long-term conditions but the patient recall system was not effective to ensure they received regular reviews.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.51	0.86	0.81	No statistical variation

The practice was aware and had identified the problem of above average prescribing of hypnotics in April

2018. Performance had improved between December 2017 and November 2018.

Older people

Population group rating: Requires Improvement

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were not offered to patients over 75 years of age.
- The practice had recall systems to invite all the older population for relevant vaccinations; flu, shingles and pneumonia.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. GP leads were allocated to lead on long-term conditions; for example, diabetes, respiratory disease and hypertension. The leads ran dedicated clinics, attend local clinical meetings and oversaw the health outcome performance for their respective clinical area.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. This was done during routine health checks.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

However:

- The performance management of long-term conditions was consistently below CCG averages. A second nurse was employed following the long-term absence of the practice nurse in 2018 and there were some signs of improvement in the last 12 months. An action plan that detailed how improvements would be achieved and sustained had been agreed with Dudley CCG in January 2019.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	66.6%	75%	78.8%	No statistical variation

We reviewed year to date data for 2018/19 and found that up until the end of February 2019, the practice performance was 67%.

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/01/2019) (QOF)	71.7%	71.9%	N/A	No statistical variation

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 8 or over with asthma, on the register, with a diagnosis of asthma in the last 12 months with measures of variability or reversibility recorded, NICE 2013 Quality Standard (QS25)	45.5%	89%	N/A	Significant Variation (negative)
The percentage of patients diagnosed with COPD in the last 12 months which have been confirmed by post bronchodilator spirometry assessment between 3 months before and 12 months after entering the register (01/04/2017 to 31/03/2018) (DQOF)	77.8%	87.6%	N/A	No statistical variation

We reviewed year to date data for 2018/19 and found that up until the end of February 2019, the practice performance was 95% for asthma. However, the performance for COPD assessment had dropped to 40%.

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to	65.8%	75.4%	N/A	No statistical variation

31/01/2019) (DQOF)				
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (DQOF)	90%	92.6%	90.0%	No statistical variation

Any additional evidence or comments

The practice had been visited recently by the CCG and data produced by the CCG forecasted an overall performance for all indicators was 70% up until the 31 March 2019. A review of the data showed that performance continued to be significantly below averages for diabetes related indicators.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception through a local family planning clinic.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	106	110	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	111	118	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and	111	118	94.1%	Met 90% minimum (no variation)

Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	111	118	94.1%	Met 90% minimum (no variation)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. A total of 17 patients had been vaccinated in the last 12 months.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. A total of 129 patients had completed a health check in the last six months.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	59.6%	71.0%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	60.3%	70.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	52.0%	52.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 60 months, who have been offered a cancer review in the	36.9%	70%	N/A	N/A

last 12 months (DQOF)				
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.8%	50.3%	51.9%	No statistical variation

Any additional evidence or comments

Performance for cervical screening had improved to 67%. The practice had promoted the importance of attending screening appointments through the patient participation group. The practice followed up all non-attenders and encouraged women to have the test opportunistically when they attended for other reasons. An information leaflet had been provided to patients who were eligible for screening.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 43 patients on the learning disability register, 31 had completed a learning disability health check the last 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Inadequate

Findings

- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

However:

- Between April 2018 and February 2019, the practice had reviewed eight out of 50 patients diagnosed with severe mental health problems.
- Between April 2018 and February 2019, the practice had reviewed 11 out of 24 patients diagnosed with dementia.

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Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with a severe mental illness who have a mental health review in the last 12 months (01/04/2018 to 31/01/2019) (DQOF)	15.7%	45.4%	N/A	Significant Variation (negative)
The percentage of patients diagnosed with a severe mental illness who have a cardiovascular disease risk assessment in the last 12 months (01/04/2018 to 31/01/2019) (DQOF)	23.4%	60%	N/A	Significant Variation (negative)

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
The percentage of people coded with a long-term condition (LTC) receiving a holistic comprehensive assessment on an annual basis including a medication review Level 2 or 3 (*excluding patient on no medication)	37.3%	75.9%	N/A
The percentage of people coded with a LTC receiving a care plan which has been co-developed with the person and details individualised personal goals which are reviewed on an at least an annual basis	81.9%	76.9%	N/A

The practice performance between 1 April 2018 and 28 February 2019 had improved slightly with 45.4% of patients with a long-term condition having received a holistic comprehensive assessment and 61% having received a care plan.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- A GP had carried out an audit on antibiotic prescribing which reviewed the delayed antibiotic prescribing aimed at reducing the more effectively managed uncomplicated respiratory tract infections. A second cycle audit showed improvement and that 90 patients had been prescribed a delayed antibiotic prescription and given advice between 1 April 2018 and 31st March 2019. This showed an increase from 62 in the same time period in 2017. However, there was no structured programme of audit.
- There was a structured programme to review antibiotic prescriptions that provided feedback to GPs monthly. Relevant results were shared with GPs and saved in the practice's shared drive.

Any additional evidence or comments

The CCG pharmacist carried out prescribing audits; for example, a Fentanyl (an opioid used to treat pain) patch audit had been carried out in January 2019 and found that patches had been prescribed appropriately as per pain guidelines issued by Dudley CCG.

Effective staffing

The practice could demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, there was no formal system for clinical supervision and oversight.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	No
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Partial
Explanation of any answers and additional evidence:	
There was no formal clinical supervision for the nurses and the healthcare assistant. We saw that nurses were doing the cancer care reviews but did not feel comfortable carrying out the reviews. This	

had been raised by a practice nurse but we saw that the problem had not been resolved. We reviewed two nurse consultations of patients who had cancer along with other long-term conditions. The cancer care template was not completed sufficiently to provide a holistic package of care. For example, the clinical system had been coded to state that a cancer review had been done but there were no notes of any review having been completed. We spoke with the practice about this issue and they told us that it was an error by reception staff and that cancer reviews should only be booked in with a GP. The practice told us that all reception staff would be reminded of this following the inspection.

The healthcare assistant (HCA) had a level three diploma in health and social care, but no care certificate. The practice was in the process of establishing if this was an equivalent qualification as the syllabus was very similar to that used for the care certificate.

The practice used an electronic training platform to provide most training courses. We saw that the training was up to date and comprehensive; for example, training courses included safeguarding, health and safety, whistleblowing and dementia training.

Coordinating care and treatment

Staff worked together and with other organisations to deliver care and treatment, but we found examples of where this had not been effective.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Partial
Patients received consistent, coordinated, person-centred care when they moved between services.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Multidisciplinary team meetings were held every three months. However, we found evidence of a patient on the palliative care register who should have been on the cancer register and had not been seen since 2017. The patient should have been reviewed every six months, and although a review of correspondence highlighted that the hospital consultant was to arrange this, it had not been picked up by the practice.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: We saw that the practice was proactive in supporting those patients to live healthier lives. For example, vouchers were given out for patients with a body mass index (BMI) over 30 for weightwatchers or slimming world.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.7%	93.5%	95.1%	Significant Variation (negative)
Exception rate (number of exceptions).	0.5% (9)	0.5%	0.8%	N/A

Any additional evidence or comments

The practice had improved the recording of smoking status for all patient aged 16 and over to 85% for the period April 2018 to February 2019 and 87% of those patients who had been recorded as current smokers had been referred for stop smoking advice or treatment within the last 12 months.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	4
Number of CQC comments received which were positive about the service.	3
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Patients reported that the practice provided an excellent service. The comment card with mixed comments complimented the clinical team but mentioned that they had not always found reception staff to be helpful.
NHS website	There had been three reviews posted in the last 12 months. Comments were mixed and one mentioned the caring approach shown by the clinical team, another comment expressed dissatisfaction with the reception staff. The practice had responded to the two most recent comments.
Patients spoken to during the inspection	We spoke with two patients during the inspection and they told us that they found staff to be caring

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7620	363	89	24.5%	1.17%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	91.5%	89.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	90.5%	87.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.7%	96.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	79.9%	84.2%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial

Any additional evidence
The practice had not carried out an internal survey 2017.
The Friends and Family feedback was generally positive. For example, in December 2018, out of 68 responses, 53 of patients said they would recommend the practice to family and friends.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interview with patient.	The clinicians were good at giving the time to discuss and explain treatment of care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	91.3%	93.5%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice website included some links to local services that supported healthier living and there was information on the website to advise carers of support groups and support provided by the practice.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 125 patients who were carers. This was equivalent to 1.6% of the practice population.
How the practice supported carers.	There was a carer's noticeboard in the patient waiting area that had information on support services. In addition, there was an information pack for carers available at reception (a copy was on the carer's noticeboard and a notice advised patients that they could obtain a copy from the reception desk)
How the practice supported recently bereaved patients.	Bereavement counselling can be provided by two counsellors who attended for clinics hosted by the surgery each Wednesday. There were leaflets for a local bereavement counselling service that patients could self-refer into. Staff were aware of the religious differences in quick burial. A notification of deaths goes onto a notice board behind the reception desk and are added to a communication book to make all staff aware.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: There was a privacy screen and chairs were set back from the reception desk. The reception desk was lower in one section for patients who used wheelchairs.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: There was a low reception desk for patients who have wheelchairs and the doors in the building could be opened using a push button. The external door opened automatically using sensors.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 to 20:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	08:30 to 11:30 and 15:30 to 20:00
Tuesday	08:30 to 11:30 and 15:30 to 17:10
Wednesday	08:30 to 11:30 and 15:30 to 17:10
Thursday	08:30 to 11:30 and 15:30 to 17:10
Friday	08:30 to 11:30 and 15:30 to 17:10
Patients could access a GP at weekend at one of a number of nearby GP practices that offered extended hours at weekends for all Dudley patients.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7620	363	89	24.5%	1.17%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.2%	95.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients over the age of 85 had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 8pm on a Monday for school age children so that they did not need to miss school and outside of school hours on all other week days.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of five could attend dedicated appointments reserved at the end of morning and afternoon clinics.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.30pm on a Monday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a locality scheme. Appointments were available Saturday and Sunday 10am until 1pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes
Explanation of any answers and additional evidence: All home visit requests were referred to the on-call GP who assessed the urgency and prioritised treatment.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	47.4%	N/A	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	48.2%	63.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	65.0%	64.5%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	67.1%	73.0%	74.4%	No statistical variation

Any additional evidence or comments

The practice added more pre-bookable GP appointments and had reduced the number of on-the-day appointments. The practice promoted the online services to reduce the volume of telephone calls. A total of 2,203 patients had registered to use the online services. There had been no capacity planning but the practice had commenced a trial to improve access by allowing appointments to be booked two days in advance.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	Four
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Examples of learning from complaints.

Complaint	Specific action taken
A patient made a complaint about the repeat medication process.	The practice met with the patient and explained the prescription ordering process and discussed the requirement to perform regular medication reviews. The patient gained an understanding of the process and booked in for a medication review.
A patient complained about the lack of pre-bookable appointments.	The practice reviewed the appointment pattern and increased the number of pre-bookable appointments.

Well-led

Rating: Requires Improvement

We rated the practice as requires improvement for providing well-led services because:

- The practice did not have a clear strategy and practice staff were not always aware of the vision and values.
- The governance structure needed strengthening and extending to be more inclusive.
- There was no formal plan or clear strategy for quality improvement.

Leadership capacity and capability

Leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: Leaders at the practice told us they discussed future plans informally.	

Vision and strategy

The practice had a clear vision but it was not supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	No
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	No
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: There was no clear strategy or plan for the practice. A plan that detailed the strategy to improve long-term condition management had been agreed with Dudley Clinical Commissioning Group in January 2019.	

Culture

The practice culture did not always support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	No
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff we spoke with did not always understand the duty of candour. Staff had completed training in whistleblowing.	

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The GPs met with the practice manager weekly but governance arrangements did not extend to the nursing staff. A practice meeting was last held in July 2018 and included just the administration staff. Staff we spoke with were not always able to recall a significant event. Complaints were referred to the practice manager but there was no formal structure to feedback to staff on outcomes. This prevented the practice learning effectively from events and complaints.	

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The staff had access to an incident book and had knowledge of the business continuity plan but were not always aware of where to locate it.</p> <p>Staff knew where to access the emergency equipment and emergency medicines.</p> <p>Staff had completed some training on how to identify conditions such as stroke but could not recall any training on sepsis.</p> <p>The absence of a practice nurse had been acted on but the steps taken had not always been effective and some indicators for patient outcomes continued to be below the Clinical Commissioning Group (CCG) averages.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The health and safety arrangements required strengthening to ensure risks had been identified and mitigated through a structured programme of risk assessments. The provider confirmed that following</p>	

the inspection a health and safety risk assessment had been carried out and would be repeated annually.

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The patient group had historically compiled and helped complete patient questionnaires although no questionnaire had been carried out in 2018 due to changes in the members of the group when the chairperson resigned. There were examples of where the practice had responded to patient request; for example, chairs with arms were purchased for the waiting room to assist those patients with mobility difficulties. Most complaints reported to the PPG were around telephone access and appointment availability. The percentage of patients signed up to use online services was 2,203. The patient group said that when an urgent appointment was urgent, the practice had provided a same day appointment.	

Feedback from Patient Participation Group.

Feedback
There was a long-established patient participation group (PPG) that told us they were well supported by the practice. The group had their own chair and were mainly represented by patients who had retired. Efforts had been made to include other age groups; for example, meetings were held in the evenings to allow more working-age people to attend. The PPG have a board in the patient waiting area. However, it was being used to promote services that were not related to patient group matters.

Continuous improvement and innovation

There was little evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: There was some evidence of quality improvement work, for example; prescribing audits and an improvement plan for long-term condition management. However, there was no formal structure for quality improvement work within the practice.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.