

Inspection Evidence Table

Quinton Practice

(1-581404534)

Inspection Date: 9 October 2023

Date of data download: 21/09/2023

Overall rating: Requires improvement

At our previous inspection in July 2017, we rated the practice as good overall. At this inspection in October 2023 we have rated the practice as requires improvement overall. We have rated the practice requires improvement for providing safe and well-led services and rated them good for providing effective, caring and responsive services.

Context

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 7th decile (7 out of 10). The lower the decile, the more deprived the practice population is in relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.4% of the registered patients, with estimates of 1.2% Asian, 1% mixed, 0.3% Black, and 0.1% other.

Safe

Rating: Requires Improvement

At our previous inspection in July 2017, we rated the practice as good for providing safe services. At this inspection in October 2023, we rated them as requires improvement. This was because:

- Not all staff were up to date with their safeguarding training or achieved the level required for their role.
- Some of the required recruitment checks had not been carried out in the records we reviewed.
- There were gaps seen in the monitoring of the health and safety risks and assessments.
- The practice process for overseeing workflow tasks required greater oversight.
- The system to ensure clear oversight of the Patient Group Directives was not effective.
- Some medicine reviews lacked structure and failed to identify some patients who were overdue their monitoring.
- Significant event action points were not always noted or adequately detailed.
- There was a lack of oversight and reporting on the cold chain arrangements for the storage of vaccines.

Safety systems and processes

The practice had most systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
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> <p>The practice had safeguarding systems in place and staff we spoke with had access to safeguarding leads, policies, and demonstrated a clear understanding of the reporting and recording processes. The safeguarding children policy required updating in relation to the reporting body and staff training requirements. We also identified the safeguarding adult policy did not specify the practice lead, staff training requirements or information relating to female genital mutilation (FGM). Following the inspection the practice told us they had since included the lead name in the policy and staff had received online training in FGM.</p> <p>Registers were maintained and safeguarding alerts had been added to the records of vulnerable patients both adults and children, including those living in the same household.</p> <p>The practice safeguarding leads met on a monthly basis to discuss vulnerable patients. The practice told us health visitors and school nurses were invited to attend the meetings but had not attended since the pandemic. The health visiting team were based within the health centre and any information of concern was shared, including liaison regarding young children who were not brought for their appointment, for example their childhood immunisations. A clinician we spoke with shared an example where they had very recently liaised with a health visitor following concerns identified.</p> <p>Meetings were held 3 monthly with staff from relevant agencies to discuss patients at the end of their lives and those deceased. Where identified, patients were reviewed by the GP, a home visit undertaken, anticipatory medicines prescribed and a recommended summary plan for emergency care and treatment (ReSPECT) form in place.</p> <p>A review of staff training records showed not all staff were up to date with their safeguarding training or had received the required level of training appropriate for their role. Following the inspection action was taken to address this with all but 1 member of staff (who was currently absent from work) having since completed the training. Face to face safeguarding children training for all clinicians had also been scheduled for November 2023 as part of integrated care board protected learning time (PLT).</p>	

We sampled the records of 4 members of staff employed in the previous 12 months in addition to locum clinician and a primary care network (PCN) staff member who worked at the practice. Disclosure and barring scheme (DBS) checks had been obtained prior to 1 of the 4 new practice staff members commencing work. A risk assessment had been completed for the other practice staff in the interim, however the assessments were basic and failed to include the staff role and responsibilities to mitigate all potential risks whilst awaiting the results of the DBS checks.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence: The practice had a new employee recruitment and selection policy in place to support the safe recruitment of staff, however we found they were not always working in line with policy and the policy did not include the pre-recruitment checks that needed to be obtained.</p> <p>We sampled the records of 4 members of staff employed in the previous 12 months in addition to locum clinician and a primary care network (PCN) staff member who worked at the practice. We found not all of the required recruitment checks had been carried out.</p> <p>We identified gaps in employment history had not been explored and documented for 2 staff employed by the practice. Evidence of satisfactory conduct (references) had been obtained for practice staff however 3 were not dated and 1 was obtained 3 months post start date. Following the inspection the practice sent us 2 references for 1 of the staff members file we reviewed. We saw 1 of these references had been obtained post the start date. References were not available for the locum staff member or the PCN staff member.</p> <p>Disclosure and barring scheme (DBS) checks had been obtained prior to 1 of the 4 new practice staff members commencing work. Risk assessments had been completed however these were not comprehensive and did not mitigate all potential risks whilst the results of the DBS checks were awaited. Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role was only available for 1 staff member. Following the inspection a health declaration was sent for a second member of staff.</p> <p>We found the practice had not assured themselves that all of the relevant pre-recruitment checks had been obtained for the locum or PCN staff working in the practice.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial
Date of last assessment:	Various
There was a fire procedure.	Yes
Date of fire risk assessment: 3 September 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

The practice was located within a large health centre. A range of health and safety checks and risk assessments had been carried out to mitigate identified safety risks for patients and staff. The practice had experienced difficulty with obtaining assurances from the landlord that all of the identified issues had been addressed. Additional health and safety information was shared with us following our site visit which included evidence that identified actions had since been addressed. A meeting had also been arranged with Integrated Care Board (ICB) estates and the landlord on 27 October 2023 to discuss the issues.

Examples of these included:

- Physical security audit – 4 May 2023
- Internal inspection of premises – not dated.
- Gas safety servicing record – 5 June 2023
- Portable appliance testing - 22 September 2023
- Equipment calibration testing – 14 July 2023
- Electrical installation condition report – 20 January 2022 – unsatisfactory. Minor electrical installation works completed 27 April 2023.
- Legionella risk assessment – 4 August 2023 - legionella was detected and control measures put in place. The landlord was continuing to monitor the presence of legionella with the latest set of results showing an improvement.
- Asbestos management survey – 2 July 2020. Asbestos was detected in external parts of the premise and recommendations made. Removal was being arranged. A re-inspection was undertaken on 19 September 2023, and the landlord was waiting for the report.
- Emergency lighting periodic inspection and testing –26 March 2023
- Fire system inspection service – 10 May 2023
- Fire alarm testing was carried out weekly with the exception of the most recent test.
- A fire drill had been undertaken on 6 October 2023 and the practice were awaiting a copy of the report. The previous one was undertaken on 2 August 2022 and not at the recommended timescale of 6 monthly.
- A COVID-19 Risk Assessment - 30 June 2021 - this required updating to reflect current guidance.

The provider told us the issues with the building works were not in their practice area and therefore not for them to action/ or follow up.

We saw window blinds with looped cords or chains were in place. These presented a strangulation hazard to children and vulnerable adults. A risk assessment had not been undertaken. Following the inspection the practice told us they had since ordered clips to mitigate the potential risk and had completed a risk assessment which was shared with us. The risk assessment for the use of portable fans required updating and this had since been completed.

The landlord confirmed they had designated fire marshals who had received training. The practice told us staff had completed fire warden training. We saw procedures in the event of a fire were available in each room detailing the evacuation points and meeting point.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

Y/N/Partial

Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	17 July 2023
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to an infection, prevention and control (IPC) policy and all, but one staff member had received on-line IPC training. The areas of the practice we reviewed were visibly clean on the day of our site visit and staff had access to adequate supplies of personal protective equipment.</p> <p>A contractor was responsible for maintaining cleaning standards throughout the health centre and cleaning schedules were maintained. The IPC lead told us any concerns identified regarding cleanliness were raised with the landlord.</p>	

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems in place for managing staff absences and busy periods. These included existing staff working additional hours and locum clinicians being used. Continuation plans were in place and shared with us in preparation for the possible long term absence of a key member of staff. Staff told us there were adequate staff employed to provide patients with a responsive service.</p> <p>All staff had received basic life support and sepsis training. The practice held medicines in the event of a medical emergency and understood how to respond to patients presenting with signs and symptoms that may indicate a serious underlying cause.</p> <p>Staff had access to equipment and medicines in the event of a medical emergency. Checks on equipment and medicines held were carried out monthly and recorded. The nebuliser machine (a device that can deliver high doses of asthma medicine quickly and easily) was awaiting calibration. An inhaler and spacer were available in the interim. Only 1 set of adult defibrillator pads were available instead of the recommended 2 sets and no razor. Following the inspection the provider confirmed they had since obtained the outstanding items. The practice</p>	

had completed a risk assessment for medicines not held. This was updated following our site visit and a copy shared with us.

Leaders told us they had reviewed staff skill sets and given staff designated roles and responsibilities. An additional advanced nurse practitioner was due to join the team in December 2023.

To help improve access to general practice the practice utilised additional roles provided through their primary care network (PCN). These included a care coordinator, a mental health practitioner, a social prescriber, a first contact physio and a pharmacist.

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
Referrals to specialist services were documented, contained the required information and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The care records we sampled were mainly managed in a way to protect patients. For example, history, examination, management plans, safety netting and follow up were adequately documented within the patient record.</p> <p>The practice carried out monthly audit in relation to urgent referrals to ensure these had been appropriately actioned and followed up. Patients were asked to contact the practice within 10 days if they had not received an appointment. The practice told us routine referrals were followed up if appointments were taking longer than the expected time. Patients were advised of the wait times for the hospital and services required.</p> <p>There was a system in place for the management of test results to ensure they were reviewed and managed appropriately. There were 5 laboratory reports pending that had been received the morning of our discussions held with the lead GP.</p> <p>The practice utilised an electronic document management workflow system to manage patient correspondence. When we carried out our clinical searches, we saw the practice had 197 tasks with the oldest being 18 May 2023. A number of these tasks had been actioned however, the process for overseeing tasks required review. Following our inspection, the practice told us they had since audited the tasks and almost all old tasks were related to a change in referral systems, personal reminders or general queries and advice. They confirmed there was no pending task directly related to patient care, older than 10 days and told us going forward they have asked staff members to complete the outstanding tasks and adapt other options for setting up reminders.</p>	

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.97	1.16	0.91	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). (01/07/2022 to 30/06/2023) (NHSBSA)	8.8%	8.0%	7.8%	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 (01/01/2023 to 30/06/2023) (NHSBSA)	5.82	5.77	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	135.7‰	199.7‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.36	0.50	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	2.5‰	5.5‰	6.8‰	Variation (positive)

Note: ‰ means *per 1,000* and it is **not** a percentage.

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).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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 medicines that require monitoring (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 and Improvement 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.	Not applicable
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
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 UKHSA guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>The management of patients requiring psychotropics (medicines medications that affect the mind, emotions, and behaviour) was closely monitored.</p> <p>Staff who administered medicines had access to Patient Group Directions (PGDs). These allow specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber. We randomly selected a number of PGD's and found they were signed, authorised and dated however, 3 of the PGDs we sampled had expired. Following the inspection the practice told us they had replaced the 2 recently expired PGD's and removed the 1 from the file in relation to Covid-19 as a new vaccine was now being used with a new PGD.</p> <p>Arrangements were in place to support non-medical prescribers. The practice told us the advanced nurse practitioner (ANP) who had very recently been appointed was given 15 minutes for each consultation and was provided with opportunity for regular debriefs and support from a GP. The practice acknowledged a more structured audit of their consultations was required, including recording patient' records reviewed and implementing formal clinical supervision on a regular basis going forward. The practice had 2 medical students who undertook consultations together. The clinical system showed allocated time was provided to ensure they received support and debriefing from a GP. Following the inspection the provider told us they were looking into the option of carrying out 3 monthly formal reviews/mini appraisals of ANPs and practice nurses.</p> <p>Our remote clinical searches found there were effective systems in place to monitor the prescribing of medicines that required monitoring. The practice agreed to follow up 2 patients prescribed a mood stabilising medicine to ensure their calcium levels were being monitored, all other blood monitoring was up to date. Following the inspection, the provider told us they were not aware that calcium levels required checking and had since held a meeting with clinicians and practice pharmacists. Action had since been taken to recall patients for the required monitoring.</p>	

There were 6 out of 25 patients prescribed a potassium sparing diuretic who had not had the required monitoring. We sampled 5 patient records. One patient was no longer being issued the medicine, 1 had a recent admission to hospital and had monitoring undertaken and dose reduction made, 1 patient was found to be on 1 daily dose instead of 2. One patient record did not indicate why no monitoring had taken place and 1 patient had been recalled for blood monitoring. Following the inspection the provider sent us details of the action they had taken to address our findings. In addition all clinicians were advised to remove medicines from repeat lists if they were no longer required and running searches on a monthly basis and improvising mechanisms to contact patients for reviews and blood tests.

Our remote clinical searches showed 357 patients had received a medicine review in the previous 3 months. We sampled 5 patient reviews and found the quality of reviews undertaken by the pharmacist were effective and ensured all of the required safety monitoring was up to date when the review was carried out. However, reviews that had been undertaken by GPs were coded with a single line entry with no details about the review to demonstrate that all monitoring was up to date, and relevant safety information and advice had been considered during their review and clinical decision making. Following the inspection the provider told us the steps they had taken to make the process more effective, including holding a meeting and ensuring all individual medicine and conditions reviewed are fully documented going forward.

Procedures were in place to ensure vaccines were appropriately stored and monitored to ensure they remained safe and effective. We reviewed the vaccine fridge temperature checks and saw a daily record was maintained. However, on 3 occasions the recommended manufacturer's temperature of between +2 and + 8 degrees had exceeded by 1 degree and there was no documented evidence that this had been explored. The practice told us a new thermometer had been obtained and the practice manager was able to access the fridge temperature from an App on their phone.

Track record on safety and lessons learned and improvements made

The practice did not have an effective system in place to demonstrate learning and the improvements made when things went wrong.

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.	Partial
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence: The practice had a significant event lead and staff had access to a significant event policy to support them in the process. Staff spoken with demonstrated an understanding of the procedure for reporting concerns and	

safety incidents and most were able to recall and share an example of a significant event raised and the action taken. We saw significant events were discussed in practice meetings held.

The practice maintained an electronic spreadsheet in respect of significant events and incidents and that these were discussed at practice meetings held. However, some of the significant event records we examined lacked detail of the risks, reflection and the learning outcomes. Action points were not always noted or adequately detailed, including identifying the staff members to carry out the actions and deadlines in line with their policy. The practice told us trend analysis was briefly looked at however, going forward a more in-depth review/ trend analysis would be undertaken.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A patient notified the practice they had not received an urgent secondary care appointment. On review a referral had not been made as no task had been sent to the referral team.	Discussed with the GP. The patient had initially presented with multiple conditions and the clinician had forgotten to send the task. Although a pop-up trigger had been added to the clinical system to alert clinicians following a similar event last year, the task still got missed. Clinicians were advised to ensure all urgent referrals were dealt with before reviewing further issues and continuing the consultation. This was discussed in a practice meeting held and staff reminded.
A blood form was printed for a patient that did not need bloods taken. The form was not destroyed, and labels were added to another patient bloods. The results returned out of range.	The patients were recalled and re-tested to ensure that the practice had the true blood readings. Clinicians were reminded to ensure all patient identifiers were checked when doing any procedures.

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
Explanation of any answers and additional evidence: The practice had an effective system in place for the management of Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were reviewed by a GP and pharmacist and shared with the clinical team. Searches were undertaken to identify any patients that may be affected, and actions taken. We found that appropriate actions had been taken in response to the 2 MHRA alerts we reviewed as part of our clinical searches. Clinical staff we spoke with demonstrated a clear understanding of the process.	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

At the inspection in October 2023, we found:

- Not all diabetes patients were managed in line with recommended guidance, the practice should continue to monitor the recently instigated revised diabetes policy.
- The system for post exacerbation asthma recalls needed to be reviewed.
- The practice had limited quality improvement audit activity.
- A lack of a formal system to document and review competency in all staff with enhanced or extended roles.

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.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways 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
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: Clinical meetings were held but not formally structured or held on a regular basis. The practice acknowledged the need to schedule these following the recent appointment of an additional clinician to the team. Such meetings would help with facilitating discussion about work priorities and provide more opportunity to share any new and revised best practice guidance. Following the inspection we were sent a schedule of meetings going forward.	

The practice held registers, including those for patients with a learning disability, mental health condition, palliative care and long-term conditions. Patients had access to a social prescriber and a care coordinator who liaised with a range of services and professionals including the local learning disability community nurse.

Effective care for the practice population

Findings

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group and referral to staying well.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Patients with a learning disability were offered an annual health check. The practice had 41 patients on the learning disability register. Of those, 33 (80%) patients had received an annual health check in 2022 – 2023. None had been completed since July 2023. However, the practice had a number of clinics booked in from November 2023 where the Care Coordinator would be present to assist with any queries or organise any additional support needed.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Meetings were held 3 monthly with representatives from the local hospice and district nursing team.
- 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.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Patients could access a face-to-face appointment with the mental health practitioner who worked at the practice one day a week. These appointments were 45 minutes as opposed to a 10-minute appointment with a GP.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Our clinical searches identified 436 patients as being prescribed more than 10 medicines. We sampled 5 of these patient records and found all of the required monitoring was up to date and there was evidence that all medicines were reviewed at their last medicine review.
- Our clinical searches identified 40 patients as having been prescribed more than 10 prescriptions for benzodiazepines, a sedative medicine prescribed to treat conditions such as anxiety disorders and insomnia. We reviewed 5 patient records and found all 5 patients had received a medicine review in the previous 12 months. There was no evidence in 4 of the 5 records that patients had been informed of the risk of addiction or attempts had been made to wean the patient off the medicine. The practice was providing 1 patient with weekly prescriptions and the reason for this was documented in their record. The practice told us they liaised with the mental health practitioner to discuss addiction and reduce the dosage patients were prescribed wherever possible; however, this could be challenging if dosages and quantities were increased by the mental health team. The practice agreed to address our findings. Following the inspection they sent us an audit they had undertaken on 16 October 2023 which identified 50 patients being prescribed benzodiazepines which identified 29 of the patients not being suitable for review by the practice with reasons stated, for example being palliative care patients or under the mental health team. The records of patients not issued the medicine for a long time have been reviewed and updated. They told us they would prioritise the reviews of 7 patients they had not reviewed sufficiently.

Management of people with long term conditions

Findings

- As part of our remote clinical searches, we reviewed the care of patients with long-term conditions. The searches identified 20 patients with chronic kidney disease (CKD) stages 4 or 5 who had not received a urea and electrolytes (U&E) (kidney function) test in the last 9 months. We reviewed 5 patients records, 2 patients had their kidney disease monitored and managed by secondary care, 1 patient had been recalled for monitoring and 2 other patients had received a U&E test and an appropriate referral done. Our searches identified 1 patient as having potential missed diagnosis of CKD. We reviewed their records and found the patient was palliative care. Following the inspection, the practice told us going forward they would run monthly searches to identify patients due their monitoring and recall them.
- The practice had 205 patients with hypothyroidism (an underactive thyroid). Our clinical searches identified 6 patients who had not received the required monitoring within the last 18 months. We reviewed 5 patient records and found the practice had identified 4 of the 5 patients were overdue the required monitoring and taken steps to address this. The practice agreed to follow up the 1 patient who required a thyroid test and had been referred to the social prescriber. All 5 patients had a medicine review in the last 12 months. Following the inspection the practice sent us information to demonstrate they had taken action to address our findings.
- Out of 353 patients with diabetes, 39 of these patients had diabetic retinopathy and high blood glucose levels (a complication of diabetes which can cause blindness if left undiagnosed or untreated). We reviewed a random sample of 5 patients' records and although no evidence of potential harm was identified we found that not all patients had been managed in line with recommended guidance. For example there was no clear plan about the management of the patients' blood glucose levels (HbA1c) for 1 patient who had not had their diabetic medication reviewed their latest HbA1c result. Two patients were not on the maximum tolerated treatment to reduce levels with 1 of these patients having had a very high HbA1c reading with a record from the nurse to liaise with the GP but there was no documented evidence on the patient record of a GP review being undertaken. Three of the 5 patient records we reviewed showed the most recent medication review undertaken did not include a review of their diabetic medication. Following the inspection the provider told us they had reviewed the practice policy on Diabetes Mellitus, discussed our findings and planned to establish a one stop clinic and this would be discussed during the next clinical meeting held. They also advised us of the action they had taken to address our findings in relation to individual patient records we reviewed.
- We identified 17 out of 257 patients with asthma that had been prescribed 2 or more courses of rescue steroids for an exacerbation of their asthma. We found 4 of the 5 patients had had an asthma review in the last 12 months and an invitation had been sent to the 1 remaining patient to attend for a review. An assessment was undertaken at the of the time of prescribing rescue steroids for 4 of the 5 patients. No record of an assessment was detailed on 1 patient record. Records reviewed showed 3 patients had not received a follow up appointment to check their response to treatment in line with national guidance to ensure they received appropriate care after being issued the steroids. All 5 patients had not had their regular asthma treatment stepped up or adjusted following an acute exacerbation, however records showed 1 patient failed to attend their appointment. The provider told us that they would review this and develop a mechanism to embed this into their practice. Following the inspection they told us going forward a text message would be sent so that patients could respond directly to a clinician if they were not feeling better or if they had any other concerns.
- We also identified that some patients who had asthma had requested more of one type of inhaler than would have been expected in a twelve-month period. We reviewed 5 patient records and saw all of the patients had received a review of asthma in the previous 12 months. There was no evidence of potential patient harm.

- Our searches identified 23 patients with a potential missed diagnosis of diabetes. We sampled 5 patient records and found in 1 patient clearly had a missed diagnosis based on their blood readings, 1 possible and 3 did not have diabetes. The practice agreed to take the necessary action to ensure patients were followed up. Following the inspection the provider sent us a report with the action taken to address our findings. The patient with a missed diagnosis was requested to attend for blood monitoring.
- Patients with long-term conditions were offered an 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.
- The practice could demonstrate how they identified some patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were referred for ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	52	52	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	39	41	95.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	40	41	97.6%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	38	41	92.7%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	46	51	90.2%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The most recent published data showed the practice had exceeded the 95% WHO based target in 3 out of the 5 indicators and had met the minimum 90% target in 2 indicators.

The practice told us they continued to promote uptake of childhood immunisations. There were effective systems in place to follow up children not brought for their immunisations.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	65.8%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	68.7%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	83.7%	N/A	80.0%	Met 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	41.9%	55.3%	54.9%	No statistical variation

Any additional evidence or comments

The practice cervical screening uptake rate of 83.7% exceeded the national target. The practice offered appointments 4 days a week including until 6pm on a Monday and from 6.30am on a Thursday morning to accommodate patient's needs. Information about cervical screening was displayed within the practice, including details about ages for screening, frequency and action a patient can take if they have missed their appointment.

Monitoring care and treatment

The practice had limited quality improvement activity.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted 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: The practice had carried out a range of clinical and non-clinical audits including: <ul style="list-style-type: none">• An acute sore throat audit of 5 patients to evaluate antibiotic prescribing against current local and/or national guidelines. The audit showed 100% compliance with guidance.• An uncomplicated urinary tract infection for women under 65.• A direct oral anticoagulants and renal function audit.• A metformin and kidney function audit.• A potassium sparing diuretic audit.• A call audit for one week where 20 calls reviewed to ensure staff were dealing with patients effectively. Staff were polite and helpful. One receptionist needed a review and listened to the calls for training purposes.• An audit of moms and babies to ensure correct codes were added, that the mother had the appropriate care during pregnancy and baby was booked for first immunisation.• An infection, prevention and control audit. The audits sampled were all 1 cycle. Leaders acknowledged the need to develop a programme of targeted quality improvement including second cycle audits to demonstrate quality improvement going forward. Following the inspection the practice told us a discussion had since been held with the practice pharmacist and some audits would be repeated to complete the cycle in order to assure quality and improvement in practice and procedures.	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	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

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.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they were provided with good training opportunities and their training needs were discussed as part of their appraisal. Staff were provided with protected learning time (PLT) for staff training. An electronic tool was used to record on-line staff training modules. This showed most staff had completed essential training.</p> <p>The practice had reviewed its skillset to ensure a more resilient workforce. An advanced nurse practitioner (ANP) was employed to assist the GPs in their work and to ensure a more resilient workforce. A further ANP was due to join the team in December 2023. The ANP who had very recently been appointed was given 15 minutes for each consultation. The ANP and nurse were provided with opportunity for regular debriefs and support from a GP after daily clinics held. The lead GP acknowledged the need to improve their auditing of consultations for staff employed in advanced clinical practice and ensure they are provided with more structured formal clinical supervision. Following the inspection the provider confirmed these were now planned going forward. The clinical system showed allocated time was provided to medical students to ensure they received support and debriefing.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

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

Patients had access to appropriate health assessments and checks.	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 and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Health promotion boards were displayed in the waiting areas and provided patients with a range of information. Patients were referred or signposted to services to support them to live healthier lives including the National Diabetes Prevention Programme (NDPP programme).</p> <p>The practice had a designated health promoter, who changed the notice board in the waiting room each month with information to raise patient awareness. Pregnancy and infant loss and domestic violence was displayed for the month of October.</p> <p>A care co-ordinator was employed through the PCN. They told us about their role which included supporting people with a learning disability to access healthcare. They had obtained and developed a range of resources including easy read booklets on various topics to help people understand their healthcare and any procedures they may have. Booklets included exercise, eating a healthy diet, breast care, drinking less alcohol, seeing the doctor, having examinations, blood tests, x-rays in addition to cervical and prostate screening. Information was also available in a symbol format about diabetes care and advice, cholesterol levels, eye checks and pain indicators.</p> <p>Patients had access to a mental health practitioner in addition to a care coordinator, a social prescriber and first contact physiotherapist via the primary care network (PCN). The role of the mental health practitioner was to assess people's needs and provide advice, guidance and support access to other services where required for patients over the age of 18. Appointments were up to 45 minutes as opposed to 10 minutes with a GP.</p>	

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence</p> <p>Staff had access to a consent policy which reflected national guidance to support children under 16 and adults that lacked capacity to make decisions about their care and treatment. Clinicians we spoke with demonstrated a clear understanding of consent and shared examples of gaining informed or written consent prior to immunisations and minor surgery.</p> <p>The practice had a DNACPR policy that stated staff were to be aware of the requirement to consider a DNACPR decision that respects, where possible, the wishes of the individual whilst reflecting their best interest. From our clinical review of 5 patient notes where a DNACPR decision had been recorded, we found that where possible patients' views had been sought and respected and the forms had been completed appropriately.</p>	

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
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
Practice compliments	<p>The practice had received compliments in relation to patients' positive experiences about the care and treatment. This included feedback through thank you cards that were displayed in the office and included comments about staff always being respectful, helpful and supportive.</p> <p>The practice website included compliments received from 3 patients in March 2022. Staff were described as very kind and helpful.</p>
NHS website	No reviews were documented on the NHS website in relation to this practice.
Friends & Family Test (FFT)	Recent feedback gained through the FFT included friendly reception staff and caring manner from a GP who explained the treated needed.
Healthwatch Walsall	The local Healthwatch team advised they had not received any enquiries about the practice.
CQC Give feedback on care/ complaints	<p>CQC had received 6 enquiries about the practice through either our Give Feedback on Care link on our website or through calls made to our National Customer Contact Centre.</p> <p>Feedback in relation to the practice providing caring services included receptionists being polite, friendly and helpful when booking appointments. One person described doctors and nurses as patient and good listeners. Another person told us they commended the efficiency of the clerical staff for helping them get the right pathway of treatment for a relative and also the support, reassurance and help a GP and nurse provided to their relative with complex needs. A newly registered patient told us they had been overwhelmed with the caring and quality service they had received since they registered.</p>
CQC observations	During the inspection we observed staff to be courteous and helpful during patient interactions when patients attended in person or telephoned the practice.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	88.2%	83.6%	85.0%	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 (01/01/2023 to 30/04/2023)	81.9%	80.7%	83.8%	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 (01/01/2023 to 30/04/2023)	91.5%	92.3%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	75.3%	70.3%	71.3%	No statistical variation

Any additional evidence or comments

The practice results for providing caring services were in line with local and national averages.

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

Any additional evidence

The practice told us diabetic patients were asked to provide feedback following their diabetic review and this was reviewed at PCN level.

The practice shared feedback from a survey undertaken regarding the care and treatment provided by a GP as part of their revalidation and appraisal. The survey was completed in December 2022 with 42 responses from patients, spouse or partner, parents or guardians. Feedback was positive and included comments about patients being listened to and well cared for by a helpful, compassionate, thorough and polite doctor who was an asset to the NHS.

The practice told us they reviewed feedback about the service through a range of sources including the National GP Patient Survey, Google, Friends & Family Test, compliments, and complaints, which were discussed in meetings held and during meetings held with the patient participation group.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a community coordinator in addition to a social prescriber provided via the Primary Care Network (PCN). They offered patients support and signposted patients to a range of services such as non-statutory, voluntary and independent organisations.</p> <p>The care co-ordinator role included supporting people with a learning disability to access healthcare. They had obtained and developed a range of resources including easy read booklets, objects of reference and visual cards to help them understand their care and treatment and improve patient experiences.</p> <p>Feedback we received included the excellent level of support provided by 2 clinicians in helping a patient with complex needs to understand their care and treatment following an event.</p>	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	88.5%	90.3%	90.3%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 106 of their patients as carers. This represented 2% of the practice population.

How the practice supported carers (including young carers).	<p>Information was available on the practice website that provided links to a range of information for carers.</p> <p>Staff signposted carers to a social prescriber whose role included assisting patients, including those registered as carers, in need of help, support and advice.</p> <p>Carers were offered a free flu jab and a general health check.</p>
How the practice supported recently bereaved patients.	<p>The practice told us they made calls to bereaved families, offered their condolences, and signposted them to the social prescriber or mental health practitioner for support.</p> <p>Information about a local bereavement support group was displayed in the waiting area.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>During our site visit we saw consultation and treatment room doors were closed during patient consultations. Incoming calls were taken away from main reception desk to promote privacy wherever possible. The layout of the practice with the shared waiting area and 2 practice reception desks within very close proximity could at times compromise privacy and dignity. However staff we spoke with were able to share examples of how they promoted and respected confidentiality, privacy, and dignity in their work.</p>	

Responsive

Rating: Good

During the inspection in October 2023, we found:

- The most recent published National GP Patient Survey results showed the practice had exceeded all 4 indicators for providing responsive services compared with local and national averages.
- Areas of the health centre used by the GP practice looked tired and not in keeping with rest of the health centre.
- Learning outcomes following complaint investigations were not always fully documented or detailed for the purposes of learning and improvement.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Services were provided from a ground floor practice within a large health owned by the landlord Midlands Partnership NHS Foundation Trust (MPFT). Automatic doors and level ramp provided easy access to the premises. Car parking immediately outside the health centre was restricted with 8 spaces provided. Patients mainly accessing parking facilities provided at the local shopping precinct. Areas of the health centre used by community services had been refurbished but not the 2 GP practices located with the premise which looked tired and not in keeping with rest of the health centre. A meeting had been arranged with the landlord to discuss concerns. Patients shared a central waiting area with another practice and community services. Although signage was in place, the layout of the practice with staff spread across 2 separate areas of the premise made it difficult for some patients to navigate, as observed during our site inspection. The practice told us the layout of the building was beyond their control.</p> <p>The practice had an induction hearing loop and a wheelchair available in the entrance area to assist patients access care and treatment easier if they required it.</p> <p>The care co-ordinator told us the PCN had carried out an audit of websites for practices within the network and found improvements were needed to improve accessibility to information.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday – Friday	8am – 6.30pm
Appointments available:	<p>Appointments were available at various times according to the clinician.</p> <p>The phone lines were open from 8am to 12.30pm and 1.30pm to 6.30pm.</p> <p>Out of hours call handling services were provided via NHS 111.</p>

Further information about how the practice is responding to the needs of their population

- Patients 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. Support for those that were not digitally abled was also provided.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Face-to-face appointments with a GP, nurse and health care assistant were available from 6.30am on a Thursday morning for working age people and families with young children.
- The practice was 1 of 12 local practices participating in the Cannock, Practices Network Surgery. When weekday appointments were fully booked, patients could make an appointment offered through the Network each weekday. Pre-bookable appointments were available on a Saturday and Sunday morning.
- Video consultations were available on request in addition to online triage and online prescription ordering.
- 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 able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. A member of staff was training to become a learning disability champion. The care coordinator was available to support these patients and had acquired a range of resources to help them understand and raise awareness of their healthcare needs.
- Child immunisations were offered outside of normal 'clinic' set times to accommodate patients' needs.
- Patients experiencing mental health problems were able to access a mental health practitioner via the PCN who provided longer appointment times.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Explanation of any answers and additional evidence:	

The practice reviewed information about access to the service via a range of sources including the National GP survey results, friends and family test results, patient participation group, Google reviews responses, and complaints.

The practice had carried out an access and capacity review which looked at improvements over time. Areas reviewed included the telephone systems, online access, appointment data mapping, the GP Patient Survey, Friends & Family Test (FFT) and the Patient Participation Group (PPG). The practice had changed to a cloud-based telephony system in 2020 due to the previous analogue system not coping with demand. The new system improved patient experience when the lines were busy as well as providing management information and data to support the practice with gaining insight and improving their responsiveness. For example, additional call handlers could be added to the new system during busy periods in addition to calls being recorded. The practice reported they had discussed capacity and demand with their PPG who felt it was easier booking an appointment than previously.

Same day urgent appointments were released at 8am each morning. Appointments were provided by a range of multi-skillset clinicians including 2 GPs, an advanced nurse practitioner, a practice nurse and a health care assistant. The practice team were enhanced by staff provided through their primary care network (PCN) including a community coordinator, a social prescriber, a mental health practitioner, pharmacist and a first point of contact physiotherapist.

We reviewed the appointment system during our site visit undertaken on 9 October 2023. The next routine pre-bookable telephone consultation with a GP was on 10 October 2023 and a face-to-face appointment on 19 October 2023. The next appointment with a health care assistant was 11 October 2023, nurse and pharmacist appointments were available on 12 October 2023 and the advanced nurse practitioner on 16 October 2023. Three call handlers were available in the morning and 2 in the afternoon plus additional administrative staff available when needed to meet demand. The practice told us they offered routine appointments which were available to book two weeks in advance. They said they endeavoured to keep waiting times to a minimum, urgent patients were seen the same day and they did their utmost to meet increasing demand. The practice shared the numbers of missed (did not attend) appointments with their patient participation group (PPG).

The practice shared a breakdown of the total appointments they provided during an average week across the clinical team including the PCN pharmacist, mental health practitioner and first contact physio therapist. Appointments included 486 face to face appointments, 61 telephone appointments, 8 NHS 111 appointments, 36 urgent slots and 113 GP query appointments providing a total of 704 appointments.

Staff we spoke with considered there were adequate appointments available to meet patient demand. This was reflected in discussions we held with a representative of the practice patient participation group and was also reflected the national GP patient survey.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	75.1%	N/A	49.6%	Significant variation (positive)

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	75.9%	54.7%	54.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	61.0%	51.7%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	83.3%	71.7%	72.0%	No statistical variation

Any additional evidence or comments

The most recent published National GP Patient Survey results showed the practice had exceeded all 4 indicators for providing responsive services compared with local and national averages.

Source	Feedback
Friends and Family Test (FFT)	The practice had reviewed feedback gained from patients via the Friends and Family Test. Recent feedback in relation to the practice offering responsive services included the booking in system being handy, a patient said they didn't have to wait long to be seen, another patient said they had been extremely poorly throughout the night, called the practice at 8am and had a face-to-face appointment the same morning.
CQC Give feedback on care/ complaints	CQC had received 6 enquiries about the practice in the previous 12 months. In relation to the practice providing responsive services 1 patient told us they had been pleasantly overwhelmed with the service they had received within 1 week of becoming registered. Another patient told us about the promptness and the care and treatment their relative with complex needs had received and said they wished to commend the efficiency of the clerical staff for helping them get the right pathway of treatment. One person raised concerns about 1 GP needing to spend more time seeing their own patients rather than doing extra sessions in the week for a rapid response care service. Another person told us about their delay in obtaining their full medical records online.
NHS.uk website (formerly NHS Choices)	No reviews had been posted on the website in relation to this practice.
Healthwatch Walsall	The local Healthwatch team advised they had not received any enquiries about the practice.
Staff feedback	Staff told us they considered there was adequate staff employed to meet patient demand for appointments. They told us the practice was responsive to the needs of their patients.
The Local Integrated Care Board (ICB)	No concerns were raised by the ICB about the practice in preparation for this inspection.

Listening and learning from concerns and complaints

Complaints were listened and responded to but not always reflected upon to improve the quality of care.

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Information about how to complain was available on the practice website and displayed in the waiting area. The practice also provided a suggestion box in the reception area. The practice website detailed compliments the practice had received in March 2022.</p> <p>We reviewed 3 complaints the practice had received in the previous 12 months. All had been acknowledged on receipt of the complaint and all but 1 of the complaints had been investigated in line with the provider complaint policy timescales. An apology was given to 1 complainant for the delay in carrying out the investigation into the concerns raised. The provider maintained an electronic log of complaints received in addition to a paper format. Although immediate actions required and agreed were detailed, learning outcomes were not detailed on the log to identify and promote areas for learning and improvement and a trends analysis had not been undertaken to identify any common trends.</p> <p>Complaints received were shared practice wide and discussed in practice meetings held.</p>	

Example of learning from complaints.

Complaint	Specific action taken
Patient had requested a double appointment but only a single appointment had been allocated.	The practice listened to the recorded call. Multiple questions were asked on the call and the staff member forgot to book a double appointment. The patient received an apology.

Well-led

Rating: Requires improvement

At our previous inspection in July 2017, we rated the practice as good for providing well-led services. At this inspection in October 2023, we rated them as requires improvement. This was because:

- Structures, processes, and systems to support good governance were in place but not fully embedded into practice.
- Processes for managing risks, issues and performance were in place but were not always effective.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff told us leaders were visible, approachable and accessible in person, by phone, email and through a range of meetings held. Leaders were aware of the challenges which included managing patient expectations, impact of secondary care wait times and the increasing demand for appointments and being tenants within a health centre premise. The practice had developed a Business Development Plan 2020 – 2025. This plan stated they pride themselves on having a dedicated team of staff who are committed to providing a first-class service to the patient population. They planned to continue to recruit, train and develop the highest calibre of personnel to ensure they had a highly motivated and appropriately skilled workforce. It stated as well as reviewing the strategic objectives of their commissioners and their own developmental aims, they will use feedback obtained from patient surveys, complaints, NHS Choices and the Patient Participation Group (PPG) to help identify areas for consolidation and improvement. Leaders had reviewed its workforce following a reduction in GP partners since the last inspection. A new practice manager had joined the team in 2020 in addition to advanced nurse practitioner (ANP) who had recently been employed and a further ANP was due to join the team shortly. The practice had developed their workforce further by collaborating with their Primary Care Network (PCN). Leaders aimed to maintain the diversity of leadership to ensure they become a more successful, positive and inclusive organisation.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a mission statement which was to provide the best possible care for patients, improving their health journey and involvement in their own care. The practice vision was to provide better quality services working with local services giving an overall better experience to the patients they cared for. Their core values were being accountable, fair, professional, innovative and caring.</p> <p>The practice had future plans which included expanding the patient list size and increasing the services provided.</p>	

Culture

The practice had a culture which drove 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.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Leaders told us they tried to maintain a friendly, relaxed ethos in order to encourage transparency and a positive approach. They said they adopted an open-door policy and led by example. This was reflective of feedback we gained from staff who considered the culture had significantly improved under the new leadership of the practice. They described the culture of the service as open, inclusive, and supportive.</p> <p>Leaders had completed a survey to assess staff wellbeing. A range of questions were asked including factors that positively and negatively impacts their wellbeing in the workplace. They were also asked questions about any training they would like to support their wellbeing in addition to suggestions for social events. The outcome of the survey indicated that staff overall felt supported in their work, they would like a nicer working environment, working lunches and a social event. As a result a social event had been planned for Christmas, the reception office had been renovated and staff awarded with additional annual leave as a recognition of their hard work.</p>	

Training records showed all but 3 staff had completed training in quality and diversity. The provider agreed to action this.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff feedback received during discussions and completed CQC staff questionnaires	Staff told us they enjoyed working at the practice and improvements had been made. They said they found leaders approachable, very supportive and staff morale was good. They told us they all worked well as a team. One member of staff told us that the lead GP was the most supportive GP they had ever worked for. Another member of staff told us they would not like to work anywhere other than this practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management but these were not fully embedded into practice.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the time of the inspection, the changes in partnership were not reflected in the providers' registration with CQC. Applications had been submitted to CQC in July 2022 to remove the current registered manager and partner but had not been followed up by the practice. During the inspection process the provider took action to address this and told us they were awaiting the required checks in order to submit the application.</p> <p>Staff spoken with demonstrated a clear understanding of their role and responsibilities.</p> <p>The practice held a range of meetings to disseminate information. These included informal clinical team meetings, practice meetings, reception meetings, palliative care meetings in addition to primary care network meetings. The practice closed one afternoon per month for staff meetings and protected learning. Clinicians told us they would welcome more structure to clinical meetings held with set agendas and meetings documented. Following the inspection a schedule of meetings and times going forward was shared with us. Meetings included full practice meetings, Partner meetings, formal monthly clinical meetings and audit review meetings. This showed clinical meetings were scheduled to take place fortnightly with full practice meetings scheduled bi-monthly.</p> <p>Following the inspection the provider was responsive to our inspection findings and took action to address the identified issues. However, their own governance systems had not been effective in proactively identifying the issues we found during the inspection as evidenced throughout the report.</p>	

Managing risks, issues and performance

Processes for managing risks, issues and performance were in place but were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	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.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The practice had a business continuity plan in place to provide both a first response and a framework under which the Practice may be managed and continue to operate under exceptional and adverse circumstances. We identified some gaps in quality improvement and risk management, for example no second cycle clinical audits had been completed and action had not always been taken to mitigate potential risks. Training records showed all staff had received basic life support training. Leaders told us they had developed good working relationships with the landlord and regular meetings were held with them to discuss the premise and any associated risks.	

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes

The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes

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
The practice had an active Patient Participation Group.	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
<p>Explanation of any answers and additional evidence:</p> <p>Patient feedback was sought through compliments, complaints, direct verbal feedback, the national GP patient survey, friends and family test (FFT), and reviews left on social platforms including the practice Facebook page.</p> <p>The practice had an active patient participation group (PPG), and meetings were held with them every 3 months. Aspects including the running of the practice, staff changes and feedback was shared with them. Meetings held were recorded.</p> <p>The practice was a member of the primary care network (PCN) and had worked in collaboration with them resulting in member practices building stronger working relationships together with external partners, including the local integrated care system (ICS), other local PCNs and the landlord, Midlands Partnerships Foundation Trust (MPFT).</p>	

Feedback from Patient Participation Group (PPG).

Feedback
<p>We spoke with a representative of the PPG. They told us that the group consisted of between 6 – 10 members. Meetings were held every three months and were attended by the practice manager who was open and listened to the views of the members.</p> <p>They spoke positively about the changes made under the new leadership team which included a diverse staff skillset, improved professionalism and communication and greater access to appointments. They expressed concern in relation to the length of time the landlord had taken to improve the health centre. They considered</p>

the layout of the practice with the current split of nurse and doctors rooms confusing for patients and therefore would like all practice staff to be in located within the same part of the premise. They felt the layout and the seating in the shared waiting area could be improved. They told us the practice shared data including the numbers of patients that had failed to attend the practice and feedback from the FFT and Google reviews in addition to how the practice achieved in the National Patient Survey. They told us the practice did not carry out their own patient survey.

The representative told us they would welcome a clinician attending the PPG meetings held and would like to encourage a greater membership of the group across the patient population.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence: Staff told us they were supported with education and opportunities for career progression.</p> <p>The practice had commenced supporting medical students in 2022 and told us they were keen to become a training practice for GP Registrars. The lead GP told us they wanted to become a clinical supervisor and a meeting had been held.</p> <p>The practice shared plans regarding the possible increase to their patient population, workforce, premises and partnership arrangements.</p>	

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 practices 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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- 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.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.