

The Nile Practice

Quality Report

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Date of inspection visit: 18 July 2017
Date of publication: 07/09/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Nile Practice on 1 November 2016. The overall rating for the practice was Good with the Safe domain being rated as Requires Improvement. We found one breach of a legal requirement and as a result we issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for The Nile Practice on our website at www.cqc.org.uk.

The Nile Practice merged with Dr A Yi's practice in April 2017. An announced comprehensive inspection at Dr A Yi was previously carried out on 15 January 2016. The overall rating for the practice was good with the safe domain being rated as Requires Improvement. We found two breaches of a legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed

The full comprehensive report on the 15 January 2016 inspection can be found by selecting the 'all reports' link for Dr A Yi on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 18 July 2017. Overall the practice remains rated as good with the safe domain being rated as Requires Improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

Summary of findings

- Staff demonstrated that they understood their responsibilities although not all staff were up to date with training on safeguarding children and vulnerable adults relevant to their role.
- Staff were aware of current evidence based guidance. Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey were very positive and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they were able to get an appointment when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure that all staff complete training as required by the practice. Proactively promote the range of appointments available to patients, in particular the pre-bookable and extended hours appointments.
- Consider including information about the patient reference group on the practice website.
- Ensure that practice meetings are held on a regular basis.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We saw that improvements had been made to the system for managing and acting upon medicines and equipment alerts issued by external agencies. The practice had introduced a log to record all alerts received and the action taken. Alerts were discussed at the weekly meetings, and a course of action agreed upon.
- Staff demonstrated that they understood their responsibilities although not all staff were up to date with training on safeguarding children and vulnerable adults relevant to their role.
- Improvements had been made to the processes for handling repeat prescriptions which included the review of high risk medicines. The practice had put in a process for ensuring high risk medicines were monitored and that patients had regular reviews and blood monitoring.
- Improvements had been made to the range of emergency medicines held in each practice. Each site had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff were aware of current evidence based guidance and guidance was discussed at training sessions organised by the Clinical Commissioning Group.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Staff working at all three sites told us they had received an annual appraisal, either with this provider or their previous provider. Training records and appraisals had not been transferred over from the previous employer.
- Staff were currently working through the required training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for satisfaction on consultations with GPs and nurses.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment when they were seen by the GPs and nursing staff.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect.
- The practice had increased the number of carers they had identified to 117 (an increase from 0.6% to 1.2% of the practice list).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The services were planned and delivered to take into account the needs of different patient groups and to help provider flexibility, choice and continuity of care.
- The practice offered extended hours on Tuesdays from 6.30pm until 7.30pm at all three sites for working patients who could not attend during normal opening hours. This had been changed from Mondays to avoid losing these appointments due to public holidays.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients told us they could get appointments when they needed them. However two of the CQC comment cards suggested that not all patients were aware that pre-bookable or extended hours appointments were available.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged positively with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. The practice had supported the health care assistant to extend their skills to enable them to give injections for specific medicine to patients. The practice was looking to develop the skills of the reception staff so they could become care navigators. The aim was to direct patients towards the most appropriate service, either within the practice or externally.
- One of the GP partners was skilled in dermatology and used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

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

Good



- The GP partners had lead roles for long term conditions and worked closely with the relevant practice nurse.
- Performance for diabetes related indicators was similar or above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 85% compared with the CCG and the national average of 78%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The practice had a structured system for inviting patients for their review or identifying patients who did not attend.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example extended hours on Tuesdays from 6.30pm until 7.30pm at all three sites for working patients who could not attend during normal opening hours.
- The practice offered all patients aged 40 to 75 years old a health check with the nursing team.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
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- 93% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients were invited for an annual review of their physical health needs.
- The percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 90% which was comparable to the Clinical Commissioning Group and national average.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above the local and national averages. Two hundred and twenty six survey forms were distributed and 106 were returned.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure that all staff complete training as required by the practice.

Proactively promote the range of appointments available to patients, in particular the pre-bookable and extended hours appointments.

Consider including information about the patient reference group on the practice website.

Ensure that practice meetings are held on a regular basis.

The Nile Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a Practice Manager Specialist Advisor and an Expert by Experience.

- Two GP registrars (one male and one female).
- Three practice nurses, one part time healthcare assistant and three part time phlebotomists.
- A practice manager, a reception manager, reception staff and medical secretaries.

The main Cheslyn Hay site is open between 8am and 6.30pm Monday to Friday. The Cannock site is open between 8am and 6.30pm every day except on Thursdays when they close at 1pm. The Hednesford Valley Health Centre site is open between 8am and 6.30pm every day except Wednesdays when they close at 1pm. Extended hours appointments are available between 6.30pm and 7.30pm on Tuesdays at all three sites. The practice does not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks. The practice is an accredited training practice for final year medical students and GP Registrars.

Background to The Nile Practice

The Nile Practice is registered with the Care Quality Commission (CQC) as partnership provider in Cheslyn Hay, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. At the time of our inspection the practice had approximately 9,500 patients.

The practice operates from three sites. The main site is The Nile Practice – Cheslyn Hay, with branch sites in Cannock and Hednesford. The practice sites are located as follows:

- The Nile Practice – Cheslyn Hay, High Street, Cheslyn Hay, Walsall, WS6 7AE
- The Nile Practice – Cannock, Old Penkridge Road, Cannock, Staffordshire, WS11 1HX
- The Nile Practice – Hednesford Valley Health Centre, Station Road, Hednesford, Cannock, WS12 4DH

The staffing consists of:

- Three GP partner (two male and one female) and one female salaried GP (from August 2017).

Why we carried out this inspection

We previously undertook a comprehensive inspection of The Nile Practice on 1 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall, with a rating of Requirements Improvement for providing safe services. We found one breach of a legal requirement and as a result we issued a requirement notice in relation to:

Detailed findings

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.

The Nile Practice merged with Dr A Yi's practice in April 2017. We previously undertook a comprehensive inspection of Dr A Yi on 15 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall, with a rating of Requirements Improvement for providing safe services. We found two breaches of a legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed

We undertook a further announced comprehensive inspection of The Nile Practice on 18 July 2017.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 July 2017. During our visit we:

- Visited The Nile Practice – Cheslyn Hay, The Nile Practice – Cannock and The Nile Practice – Hednesford Valley Health Centre.
- Spoke with a range of staff, including the GP partners, the GP registrar, practice nurses, the health care assistant, the phlebotomists, practice manager and reception staff and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection of the Nile Practice on 1 November 2016, we rated the practice as requires improvement for providing safe services. This was because:

- An effective system was not in place to log, review, discuss and act upon alerts received that may affect patient safety.
- Risks to patients who took high risk medicines had not been consistently mitigated.
- An effective system was not in place to monitor and manage patients on repeat medication.
- A risk assessment had not been completed to assess what medication could be required in the event of a medical emergency.
- Processes were not in place to demonstrate that the physical and mental health of newly appointed staff had been considered.

Improvements were also required around collating information on children attending local A&E departments and identifying vulnerable adults on the electronic patient record.

The practice that The Nile Practice merged with was also rated as requires improvement for providing safe services. This was because:

- Evidence of satisfactory conduct in previous employment had not been obtained for all newly appointed staff, and the practice could not demonstrate that the practice nurse had indemnity insurance in place.
- A risk assessment had not been completed to support the rationale for stocking the limited range of emergency medicines.
- Systems were not in place to monitor the use of prescription stationary.
- Risk assessments were not in place to monitor the safety of the premises or equipment.
- Systems were not in place to assure staff that the defibrillator was checked and maintained to good working order.

Improvements were also required around the introduction of regular significant event meetings and health and safety training for staff.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 18 July 2017. The practice is now rated good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded eight significant events since April 2016. We saw that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- Significant events were discussed with all staff at various meetings. Although the practice had cancelled the last practice meeting, which was due to be held in March 2017, staff spoken with during the inspection were aware of the latest significant event and the action that had been taken as a consequence.

We saw that improvements had been made to the system for managing and acting upon medicines and equipment alerts issued by external agencies. The practice had introduced a log to record all alerts received and the action taken. The GP partners told us that alerts were discussed at the weekly meetings, and a course of action agreed upon. The practice was also supported by a pharmacist, who carried out searches to identify any patients who were prescribed medicines included in any medicine alerts. Recent alerts were discussed with one of the GP partners and had been actioned appropriately.

Are services safe?

Overview of safety systems and processes

The practice had adopted some systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. Although regular meetings were not held with the health visitors to discuss any child or families at risk, the GPs and practice nurses told us they had good working relationships and effective two way communication took place.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and one of the practice nurses were trained to child safeguarding level three and the other practice nurses were trained to level 2. However not all non-clinical staff were up to date with their training.
- A notice in the waiting room and in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicine optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and the distribution and use of prescribing forms and pads was monitored at the main site and the Cannock branch site. However, improvements had not been made at the Hednesford branch site. Prescription stationary was stored securely and logged on receipt but the distribution and use of the forms was not

monitored. The practice provided information following the inspection that supported a system to record the distribution of prescription stationary had been introduced at the Hednesford branch site.

- We looked at the way the practice stored vaccines and found that the necessary checks had been inconsistently applied. The medicines we looked at were required to be stored within a defined temperature range to ensure they remained effective for use. The records seen demonstrated that the temperature of the refrigerators was not being checked and recorded on a daily basis at each site. In addition, we noted that on several occasions the temperature had been outside of the recommended range. Although staff told us they reset the thermometer and rechecked the temperature, this was not recorded, nor had any mitigating circumstances. The practice provided information following the inspection that they had taken guidance from the fridge manufacturer regarding the most accurate method of checking the temperature. The practice had introduced a system of checking the temperature twice a day, before the fridge was opened in a morning and at the end of the working day. We saw evidence that the fridges had remained within the recommended temperature range, and had been checked on a daily basis.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurses were the infection prevention and control (IPC) clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and the practice nurses had received up to date training.

However, improvements had been made in the following areas following our previous inspection:

- Improvements had been made to the processes for handling repeat prescriptions which included the review of high risk medicines. The practice had put in a process for ensuring high risk medicines were monitored and that patients had regular reviews and blood monitoring. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred

Are services safe?

The practice had not recruited any new members of staff since our previous inspection. A number of areas for improvement had been identified at our previous inspection. The practice manager was aware of the recruitment checks that should be undertaken prior to employment. All staff files were in the process of being reviewed following the merger. Information to demonstrate that the physical and mental health of newly appointed staff had been considered was being added into the files.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There were fire evacuation plans in place for each site.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure

enough staff were on duty to meet the needs of patients. The practice was currently reviewing the rota following the merger to ensure there were sufficient staff at all three sites.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- All three sites had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator at the Hednesford Valley site was shared between the GP practices in the building and kept in the reception area of a neighbouring practice.
- Improvements had been made to the range of emergency medicines held in each practice. The emergency medicines were easily accessible to staff in a secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff told us that changes to guidance was discussed at the monthly protected learning training sessions organised by the clinical commissioning group.
- Clinical staff had access to templates to assist with the assessment of long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice clinical exception rate of 12%, which was 0.6% above the CCG average and 2.2% above the national average. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a

period of time was recorded as 85% compared with the CCG and national average of 78%. The practice exception reporting rate of 17% was higher than the local average of 15% and England average of 12.5%.

- Performance for the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 93%. This was comparable to the local CCG average of 92% and the England average of 90%. COPD is a chronic lung disease. The practice exception reporting rate of 21% was higher than the local average of 14.5% and the national average of 11.5%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 90% which was comparable to the local CCG average of 90% and national average of 89%. The practice clinical exception rate of 12.5% for this clinical area which was lower than the local CCG average of 15% and the England average of 12.7%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the local CCG average and England averages (93% compared with the CCG average of 83% and England average of 84%). The practice clinical exception rate of 3.6% for this clinical area was below the local CCG average and England average of 6.8%.

There was evidence of quality improvement including clinical audit:

- Audits were carried out in response to medicine safety alerts or changes to guidance. We saw a number of clinical audits, the majority of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. The practice had completed an audit on patients who were prescribed a specific anti sickness medicine. Current guidance was that this medicine should only be

Are services effective?

(for example, treatment is effective)

prescribed for nausea and vomiting and issued as an acute prescription. Over the three audits cycles the practice had made improvements as this medicine was only prescribed to patients on an acute prescription.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update training sessions and discussion at protected learning time events.
- The practice was in the process of reviewing the training needs all of staff following the merger. Training records and appraisals had not been transferred over as part of the merger. The practice manager had set up on line training accounts for all staff who had transferred. Staff were currently working through the required training. Staff working at all three sites told us they had received an annual appraisal, either with this employer or their previous employer.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with

patients' consent, using a shared care record. Meetings took place with other health care professionals as required when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The clinical staff at the practice met every four to six weeks with the community nurses and palliative care team to discuss patients identified with palliative care needs. The practice also used a traffic light system to identify the level of support each patient required.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment in the electronic records.
- Written consent was obtained for minor surgical procedures.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, or substance misuse.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 82% and the national average of 81%. (The practice exception reporting rate of 2.4% was lower than the local average of 5.5% and the national average of 6.5%). There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from 2015/16 published by Public Health England, showed that the number of patients who engaged with national screening programmes was above the local and national averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above

the national expected coverage of 90%, ranging from 94% to 99%. The uptake rates for vaccines given to five year olds were comparable to the national average and ranged from 88% to 98%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey invited 226 patients to submit their views on the practice, a total of 106 forms were returned. This gave a return rate of 47%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.

- 94% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. They told us they were able to book double appointments if they needed more time during consultations. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

We saw the practice had improved the number of carers they had identified. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (an increase from 0.6% to 1.2% of the practice list). Carers were invited to attend for an annual health check and given immunisations as appropriate. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Tuesdays from 6.30pm until 7.30pm at all three sites for working patients who could not attend during normal opening hours. This had been changed from Mondays to avoid losing these appointments due to public holidays.
- Telephone consultations were available for all patients.
- There were longer appointments available for patients with a learning disability or patients who needed them. Patients with a learning disability were offered 30 minute appointments and invited for an annual health check. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately with the exception of Yellow Fever.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice co-hosted ultrasound service for patients in the local area.
- One of the GP partners had a special interest in dermatology.

Access to the service

There were variations between the opening times at each of the practice sites. The main Cheslyn Hay site was open between 8am and 6.30pm Monday to Friday. The Cannock site was open between 8am and 6.30pm every day except on Thursdays when they close at 1pm. The Hednesford Valley Health Centre site was open between 8am and 6.30pm every day except Wednesdays when they close at 1pm. Extended hours appointments with the GPs and practice nurses were available between 6.30pm and

7.30pm on Tuesdays at all three sites. Early appointments with the practice nurses were also available. The practice offered pre-bookable appointments as well as same day and urgent appointments. Staff told us that the GPs would continue with surgery when capacity had been reached.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to CCG average of 69% and the national average of 71%.
- 95% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 84%.
- 93% of patients said their last appointment was convenient compared with the CCG and the national average of 81%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 83% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Three out of the 36 comment cards commented on the challenges around making appointments. Comments made on two of the comment cards suggested that these patients were not aware that pre-bookable or extended hours appointments were available.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

All patients who requested a home visit were contacted by the GP. The GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Any urgent requests were transferred directly to the GPs by reception staff. In cases where the urgency of need was so

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. Complaint leaflets were available in the waiting rooms.
- Patients told us on the day of the inspection they knew about the complaints procedure.

The practice had recorded five complaints since April 2016. We found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. We saw that where appropriate, complaints were also investigated through the significant event procedure, for example, request from the community nursing team not acted upon. We saw that complaints were discussed with staff at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice merged with another local practice in April 2017. The partners were currently reviewing the services across all three sites and were able to describe their plans for the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Each GP had lead roles for long term conditions and worked closely with the relevant practice nurse.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The GP partners met weekly and met with the practice nurses every two months. The practice nurses told us that now the computer systems at all three sites had merged, they would be able to start monitoring their performance against the Quality and Outcomes Framework (QoF) for the whole practice population. staff who were not in attendance to update themselves.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. medicines and equipment alerts issued by external agencies were actioned appropriately and risk assessments had been completed. .

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Practice meetings were usually held three monthly although the last meeting had been in September 2016.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and palliative care nurses to monitor vulnerable patients. GPs and practice nurses, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- We spoke with staff who had previously worked for the other provider. They told us that since the merger they felt that they were part of The Nile Practice. They told us that all staff had been extremely helpful and supportive and they were able to contact any member of staff for support and guidance. They said the practice manager visited the Hednesford site on a regular basis to communicate with them and to assess their ways of working. They also told us the practice manager was assessing the ways of working across all three sites and recognition given to the most effective ways of working.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met six monthly, the last meeting being held in March 2017. The PRG members told us the meeting was used to discuss the planned merger. The members told us they felt that the partners listened to suggestions they made.
- the NHS Friends and Family test, complaints and compliments received. We saw information displayed around the practice in relation to the Friends and Family test in the form of 'you said, we did'. The partners told us they were in the process of bringing together the

members of the patient reference groups from the two practices. However, there was still no reference to the PRG or information on actions displayed on the practice website.

- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was accredited to train GP registrars and 5th year medical students. One of the GP partners was an approved trainer with their professional body, and was the clinical lead for partnerships/public health and equality on the Clinical Commissioning Group Board. The GP register spoken with told us they had been well supported during their placement.

The health care assistant told us they had been supported to extend their skills. They had recently attended a course which enabled them to give injections of specific medicine to patients under patient specific directives.

The partners told us they were also looking to develop the skills of the reception staff so they could become care navigators. The aim was to direct patients towards the most appropriate service, either within the practice or externally.