

Red Lion Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Red Lion Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at the Red Lion Surgery on 28 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 28 September 2016 inspection can be found by selecting the 'all reports' link Red Lion Surgery on our website at www.cqc.org.uk.

This inspection was an announced follow-up comprehensive inspection and was carried out on 21 August 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Staff were aware of current evidence based guidance. 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 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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

Importantly, the provider must:

- Ensure specified information is available regarding each person employed.
- Ensure, where appropriate, persons employed are registered with the relevant professional body.

In addition the provider should:

Summary of findings

- Improve the recording of action taken in response to alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
 - Assess the need to keep emergency medicines to manage seizures.
 - Obtain a copy of the electrical installation certificate.
 - Extend the practice's system for monitoring the use of prescriptions to include prescription pads.
 - Improve the system for recalling patients for their review of long term conditions.
 - Record and analyse verbal complaints received.
 - Implement its plans for further identifying patients who are also carers.
 - Carry out updated infection prevention and control audit.
 - Introduce an induction pack for locum staff.
 - Review the process for monitoring un-collected prescriptions.
- 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 requires improvement for providing safe services.

Requires improvement



- 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.
- The practice had a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However the records did not clearly outline the action taken in response to these alerts.
- Safe recruitment practices were not followed.
- An effective system was in place to monitor the use of blank computer prescription forms but this system had not been extended to the use of blank prescription pads, although they were securely stored.
- Improvements were noted in the management of risks to patients, and risk assessments were in place with the exception of the electrical installation certificate.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes was lower than the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received an annual appraisal.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the practice was above average for its satisfaction scores on consultations with GPs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The number of carers identified by the practice was 25 and had reduced since the last inspection.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with the Clinical Commissioning Group.
- 84% of patients were able to get an appointment to see or speak to someone the last time which was the same as the CCG and the national average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- The practice had an induction programme for all newly appointed staff but there was no induction pack in place for locum staff.

Good



Are services well-led?

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

- 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.
- The practice management vacancy had been filled, which had resulted in better leadership and management of the practice.
- The practice had policies and procedures to govern activity.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Recruitment procedures were not consistently followed to ensure that all necessary employment safety checks were completed.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had participated in an 'extended appointment service' to see patients with more complex health needs and review their management. Carers were also invited to these appointments. These appointments enabled the GPs to carry out a thorough review of the patient's health needs and complete medicine review.

Good



People with long term conditions

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

- The practice nurse was involved in chronic disease management.
- Longer appointments and home visits were available when needed.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in some of the diabetes related indicators was lower than the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 54%. This was considerably lower than the CCG average of 82% and the national average of 78%
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify children who were at risk, for example families with children in need or on children protection plans.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were screening and vaccination programmes in place and the practice's immunisation rates.
- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed that 78% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average.
- The practice offered routine contraception services.

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 offered routine pre-bookable appointments up to three months in advance, on the day appointments and appointments that were released 48 hours in advance, as well as telephone consultation.
- The practice was part of the Cannock Network. The network provided an extended clinical hub, whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon.
- The practice was proactive in offering online services.

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 patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability, which could be made at the start or end of a session to provide a calmer environment to patients who may get distressed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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).

- Performance for mental health related indicators were lower than local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 79%, which was lower than the CCG average of 83% and the national average of 84%.
- The percentage of patients with severe poor mental health who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 36% compared with the CCG average of 90% and the national average of 89%.
- The practice was working towards becoming a dementia friendly practice, and all but one staff had received training.
- The practice had introduced joint clinics with a Community psychiatric nurse and the practice nurse to optimise physical health.

Requires improvement



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 in line with local and national averages with the exception of patients' satisfaction with getting through to the practice on the phone. Two hundred and twenty five survey forms were distributed and 100 were returned. This represented 2.5% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 69% national average of 71%.
- 84% of patients were able to get an appointment to see or speak to someone the last time which was the same as the CCG and the national average.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the CCG average of 73% and the national average of 77%

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 37 comment cards. Thirty one of these were positive about the standard of care received. Patients told us that the staff provided a caring respectful and wonderful efficient service, and were always willing to address any problems that they had. Patients felt they were always treated with dignity and respect and felt listened to. Patients told us that the practice was always clean and pleasant. Some of the negative comments included the difficulty in making an appointment to see their preferred doctor and difficulties with parking.

Red Lion Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

- Two GP partners (both male) and two regular locum GPs (one male and one female).
- Two female practice nurses and a female phlebotomist/Health Care Assistant.
- A practice manager.
- A senior receptionist and reception and administration staff.

Background to Red Lion Surgery

Red Lion Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider in Cannock, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a Primary Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the general practice and offers variation in the range of service which may be provided by the practice.

The practice area is one of lower deprivation when compared with the national and local

Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3,983 patients. The practice had a lower than average number of patients aged 0 to 39 years and a higher number than average of patients aged 40 years and over.

Red Lion Surgery is located on the ground floor of Cannock Chase Hospital, alongside other services provided by the local NHS trust. The practice is situated in a communal area, and patients and staff accessing other services walk through the practice and waiting area.

The practice staffing comprises of:

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers routine pre-bookable appointments up to three months in advance, on the day appointments and appointments that were released 48 hours in advance.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care via NHS 111.

Why we carried out this inspection

We previously undertook a comprehensive inspection of the Practice of red Lion Surgery on 28 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and effective service.

We undertook a further announced comprehensive inspection of Red Lion Surgery on 21 August 2017. This inspection was carried out to ensure improvements had been made.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 August 2017.

During our visit we:

- Spoke with a range of staff (including reception staff, practice nurse, GPs and practice manager) 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

When we inspected the practice on 28 September 2016, we rated the practice as requires improvement for providing safe services. This was because we found instances whereby staff had not recognised when an incident should have been reported as a significant event. Risks to patients were not always assessed and well managed either. This included the storage of vaccines, management of spillages and risk assessments for staff without Disclosure and Barring

Service checks. The practice had not assured themselves that the landlord had procedures in place for monitoring and managing risks to patient and staff safety. The practice did not stock a full range of emergency medicines, including to manage diabetic patients with a low blood sugar. Effective systems to monitor the use of prescription pads and blank computer prescription forms and collection of prescriptions were not in place.

These arrangements had improved when we undertook a follow up inspection on 21 August 2017 but there were still areas which required improvement.

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would record any incidents on the electronic system and share the information with the GPs. They told us incidents were discussed at the practice meeting. The incident recording supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- Eight incidents had been recorded since December 2017.

The practice had a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare

products Regulatory Agency (MHRA). The practice kept a spread sheet of all alerts that came into the practice via email. We were told that searches were carried out to identify any affected patients. Although staff had recorded in the spread sheets that action had been taken and the date, it was not clear from the records what the action constituted.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place 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 GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the lead nurse were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

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 nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had

Are services safe?

received up to date training. The last IPC audit was undertaken in January 2016 and we saw evidence that action was taken to address any improvements identified as a result. The next IPC audit was overdue.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Staff checked for any uncollected prescriptions but staff told us that they did not routinely inform the GP of uncollected prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. Since the last inspection, the practice had introduced a system to track the use of blank computer prescriptions forms, but they had not extended this system to monitor the use of blank prescription pads.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted as per the requirements of the last inspection report, that these PGD's had been fully signed by the GP and practice nurse.
- We looked at the way the practice stored vaccines and noted improvements since our last inspection. We found that the practice assured themselves that vaccines were stored in accordance with the manufacturer's guidelines. We found that the refrigerator temperatures were checked and recorded daily when the practice was open.

We reviewed three personnel files and found some appropriate recruitment checks had been undertaken prior to employment. Some information however, had not been obtained, for example proof of identification, professional registration details such as the Nursing and Midwifery Council registration and there was no information relating to the physical and mental fitness of staff to carry out their work.

Monitoring risks to patients

At our previous inspection, the practice did not have an effective system for assessing and managing risks to patients. We found at this inspection that this had improved.

- There was a health and safety policy available. The practice was located within a building owned by the NHS Trust. The landlord was responsible for health and safety and maintenance. The practice had improved its relationship with the landlord. Records showed that the landlord had up to date fire risk assessments in place and we were told that they conducted fire drills but no records of these were available.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the latest electrical installation test certificate could not be located.
- The building landlord had carried out a legionella risk assessment and had performed regular water temperature testing and flushing of water lines. (Legionella is a 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.

Arrangements to deal with 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.
- Staff were up to date with practical and on line training in basic life support.
- There were emergency medicines available to treat a range of sudden illnesses that may occur within a general practice with the exception of a medicine for stopping seizures. Staff told us that in this instance, they would call an ambulance. Since the last inspection, the practice had obtained emergency medicines to manage diabetic patients with a low blood sugar.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan contained emergency telephone contact numbers of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. The staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 were 84% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The clinical exception rate was 6%, which was lower than the CCG rate of 12% and the national rate of 10%. (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 an outlier for some of the QOF (or other national) clinical targets.

Data from 2015/2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 54%. This was considerably lower than the CCG average of 82% and the national average of 78%. Clinical exception reporting for the practice was 4% compared to the CCG average of 10% and the national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5

mmol/l or less was 73% compared to the CCG average and the national average of 80%. Clinical exception reporting for the practice was 8% compared to the CCG average of 15% and the national average of 13%.

Performance for mental health related indicators were lower the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 79%, which was lower than the CCG average of 83% and the national average of 84%. Clinical exception reporting for the practice was 13% compared to the CCG and the national average of 7%.
- The percentage of patients with severe poor mental health who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 36% compared with the CCG average of 90% and the national average of 89%. Clinical exception reporting for the practice was 4% compared to the CCG average of 15% and the national average of 13%.
- The percentage of patients with severe poor mental health whose alcohol consumption had been recorded in the last 12 months was 74% compared with the CCG average of 91% and the national average of 89%. Clinical exception reporting for the practice was 0% compared to the CCG average of 13% and the national average of 10%.

The practice had acknowledged some of these low figures and had reviewed their practices. For example, a new system of recall was implemented on the 1 April 2017 to call patients forward during their birth month to attend all reviews. The re-call of patients was now overseen by the practice manager to ensure its system was more robust. The practice had also employed another practice nurse to respond to patients' needs and the Health Care Assistant role was being developed to provide further support to the practice. Since our last visit, the practice had been working with the community mental health nurses to run joint clinics with the practice nurse. These clinics were planned bimonthly and patients were encouraged to attend so that their care could be reviewed. Figures shared by the practice showed that the percentage of patients with poor mental health who had an agreed plan in place had risen to 55% and the practice planned to continue running the bimonthly clinics.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit. There had been audits completed in the last two years that had been both internally and externally driven. Some of these audits were completed audit cycles, where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of their hypnotic prescribing. The practice had reviewed patients on long-term hypnotics with a view of reducing their use. A second cycle audit showed a 61% reduction in the number of patients on hypnotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was however no induction packs in place for locum staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as asthma and chronic obstructive airways disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, which was an area of improvement from the last inspection.
- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals quarterly when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

- The senior practice nurse was trained in all aspects of chronic disease management moving to one stop reviews and self-management was promoted. Since our last inspection, the practice had employed an additional practice nurse and was developing the role of the Health Care Assistant role to respond to patients' needs.

Are services effective?

(for example, treatment is effective)

- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- The practice's uptake for the cervical screening programme was 78% which was comparable to the CCG average of 82% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of patients who engaged with national screening programmes was comparable to local and national averages:

- 73% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 71% and national average of 73%.

- 61% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 57% and national average of 58%.
- Childhood immunisation rates for the vaccinations given were above average when compared with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and five year olds from 97% to 100%.

The practice held a register of patients living in vulnerable circumstances including 23 with a learning disability.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the follow up inspection carried out on 21 August 2017 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.
- We noted that consultation and treatment room doors were closed during consultations.
- Due to the location of the practice within the hospital building, confidentiality was difficult to maintain when patients used the reception hatch. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed the practice was above average for its satisfaction scores on consultations with GPs. 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 97% 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%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 81% the national average of 86%.

The practice was comparable to the CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 91% 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%.

- 89% 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%.
- 90% 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 national average of 91%.
- 87% 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG 77% and the national average of 82%.

The results for nursing staff were comparable to the CCG and national averages. For example:

- 84% 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. Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

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.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients

as carers (0.6% of the practice list). This was a reduction on the number of carers identified at the last inspection. Carers were offered an annual influenza vaccine. Since our last inspection, the practice had been working with the carers association who had offered to help and support the practice. The carers' policy had been updated and the practice planned to improve awareness among carers through leaflets and information on their web site.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 28 September 2016, we rated the practice as good for providing responsive services.

Responding to and meeting people's needs

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

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A small number of home visits were carried through the Acute Visiting Service (AVS), rather than by the GP. This service was provided by local GPs for patients in the local CCG area.
- The practice was part of the Cannock Network. The network provided an extended clinical hub, whereby patients could book an on the day appointment through their own practice with a GP or nurse between 3.30pm and 8pm if appointments were not available at their own practice. Patients could also pre-book appointments on Saturday mornings between 9am and 12 noon.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a range of enhanced services including minor surgery, joint injections and spirometry (a test to see how well a patient can breathe).
- The practice was working towards becoming a dementia friendly practice, and all staff but one had received training to become Dementia Friends.

Access to the service

The practice was open 8.00am to 6.30pm on Monday to Friday.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

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 in line with or lower than local and national averages, for example:

- 69% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 76%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 84% of patients said they were able to get an appointment or speak to someone the last time they tried, which was the same as the CCG average and the national average.
- 52% of patients felt they did not normally have to wait too long to been seen compared to the CCG average of 62% and national average of 58%.
- 78% of patients said the last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy had been updated and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Full details of how to make a complaint was available in the waiting area.
- We looked at the one complaint received in the last 12 months. We found that it was satisfactorily handled with openness and transparency. There were details about lessons learnt from individual concerns and complaints and the practice also recorded and responded to verbal complaints received. We found that verbal complaints received were not recorded.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 28 September 2016, we rated the practice as requires improvement for providing well-led services. This was because we found there was a lack of day to day leadership due to the practice manager vacancy and staff did not feel fully supported. There were no formal meetings to discuss governance and there was limited oversight of areas such as health and safety. All staff had received inductions but not all staff had received regular performance reviews.

These arrangements had improved when we undertook a follow up inspection on 21 August 2017 and the practice is now rated as good for providing well led services.

Vision and strategy

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

- The practice mission statement was to provide safe, effective and efficient continuing patient care.
- The GPs described their plans for the future and what options were available to them. Contingency plans had been considered.
- Staff spoke positively about their work and felt proud to be part of the team. Staff felt that they cared very much for their patients and knew them well.

Governance arrangements

Since the last inspection we found improvements in the governance arrangements at the practice. The employment of a practice manager in December 2016 had made a positive difference in the way the practice was led and managed. We saw examples of risks that had been well managed:

- The practice had effective processes in place in a number of areas, for example: 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. For example there was a lead nurse for infection control and GPs had lead roles in safeguarding.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Practice specific policies were implemented and were available to all staff.

There were areas of governance that required strengthening, for example:

- Recruitment procedures were not consistently followed to ensure that all necessary employment safety checks were completed.
- The practice had a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However it was not clear from the records what action had been taken in response to these alerts.
- Verbal complaints received were not recorded and analysed.
- The relationship between the practice and the landlord had improved since the last inspection but further work was needed to ensure that evidence of all maintenance checks were in place.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Since the last inspection, the practice had recruited a practice manager to help provide better leadership. Staff told us that the practice was adjusting to this change and felt that this had had a positive impact on the running of the practice.

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 social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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.

Are services well-led?

Good 

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

The provider was aware of and complied 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). A culture of openness and honesty was promoted.

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

The practice encouraged feedback from patients. It had gathered feedback through the national GP survey,

complaints and comments and suggestions. The practice had an established Patient Participation Group (PPG) and held bi-monthly meetings. We spoke with two members of the PPG during the inspection. The PPG members commented that they had found positive changes since the practice manager had been employed. They told us that the practice manager had been very constructive and positive and felt that the practice kept them aware of future developments with regards to the future relocation of the practice. Staff told us they felt able to provide feedback and discuss any issues relating to the running of the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice. In particular: proof of identity and satisfactory information about any physical or mental conditions which are relevant to the person's capacity, after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed.• The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is employed to perform. The registered person had failed to ensure that documentary evidence was available to show that such persons were registered. In particular: the registered person did not hold evidence that the practice nurse was registered with their professional body (Nursing and Midwifery Council).