

Dr Parvin Jalota

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Parvin Jalota on 4 May 2016. Overall the practice is rated as good, with requires improvement for safe services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients told us on the day of the inspection they could get appointments although others told us sometimes they had to wait, particularly for pre-bookable appointments
- 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 and complied with the requirements of the duty of candour.

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

Importantly the provider must:

- Ensure that all appropriate recruitment checks are carried out prior to employment.

Summary of findings

In addition the provider should:

- Ensure that all discussions with the health visitor are recorded in the electronic patient record.
- Consider updating the chaperone policy to include the position of the chaperone.
- Review the emergency medicines held at the practice to consider including those to treat hypoglycaemia (low blood sugar) and anti-platelet for use in suspected myocardial infarction (heart attack).

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.

- There was an effective system in place 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 received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed with the exception of recruitment checks.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice slightly above other practices.
- 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice promoted the role of carers and provided information on the service available.

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
- Extended consultations were offered on Monday and Tuesday evenings and Friday mornings.
- The majority of patients told us on the day of the inspection they could get appointments but others told us sometimes they had to wait, particularly for pre-bookable appointments.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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. Although the practice did not have a written mission statement, it was clear from discussion with staff that everyone was working towards the same aim of high quality healthcare.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement within the practice.

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 worked closely with the multidisciplinary team to reduce the number of unplanned admissions.

Good



People with long term conditions

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

- The GP and the nursing team were involved in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 diabetes related indicators were comparable to the national average. The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 84% compared with the national average of 78%.
- Longer appointments and home visits were available when needed.
- 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 and follow up children who were at risk, for example families with children in need or on children protection plans.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 81% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average of 82%.
- The practice offered a range of family planning and routine contraception services, although did not offer implant/coil fitting.
- We saw positive examples of joint working with midwives and health visitors. Midwife clinics were held at the practice. Although the GP discussed any concerns they had about children or families with them, they did not record these in the electronic patient records.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered on the day and pre-bookable appointments, as well as telephone consultation. The practice also offered extended hours two evenings and one morning a week.
- 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.

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 families from the travelling community and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- One hundred percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 100% when compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

Results from the national GP patient survey published in January showed the practice was performing in line with the national averages. The survey invited 311 patients to submit their views on the practice, a total of 115 forms were returned. This gave a return rate of 37%.

- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 78% of patients were satisfied with the practice's opening hours which was the same as the CCG and national averages.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%
- 90% of patients described the overall experience of their GP practice as fairly good or very good compared to the CCG average of 81% and the national average of 85%.

- 82% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with the CCG average of 74% and the national average of 79%.

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 14 comment cards which were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients during the inspection, two of whom were members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that the staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service MUST take to improve

Ensure that all appropriate recruitment checks are carried out prior to employment.

Action the service SHOULD take to improve

Ensure that all discussions with the health visitor are recorded in the electronic patient record.

Consider updating the chaperone policy to include the position of the chaperone.

Review the emergency medicines held at the practice to consider including those to treat hypoglycaemia (low blood sugar) and anti-platelet for use in suspected myocardial infarction (heart attack).

Dr Parvin Jalota

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 and an expert by experience.

Background to Dr Parvin Jalota

Dr Parvin Jalota is registered with the Care Quality Commission (CQC) as a single handed GP in Norton Canes, Cannock. The practice holds a Personal 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 low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3,059 patients.

The practice staffing comprises of:

- One male GP and one male long term locum GP.
- One practice nurse (due to commence employment on 6 May 2016).
- One female health care assistant, who also has practice manager responsibilities.
- Members of reception / administrative staff working a range of hours.

The practice is open between 8am and 7pm on Mondays and Tuesdays, 8am and 6.30pm on Wednesdays and Thursdays, and 7.30am and 6.30pm on Fridays. Appointments are available from 9.30am until 12 noon and 4.30 until 7pm on Mondays and Tuesdays, 8.30am until

10.30am and 2.30pm and 4.30pm on Wednesdays, 9.30am until 12 noon on Thursdays, and 7.30am until 10.30am and 3pm until 5pm on Fridays. Extended hours appointments were available Monday and Tuesday evenings and Friday mornings. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care Ltd.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people

Detailed findings

- 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)

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew

about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 4 May 2016.

We spoke with a range of staff including the GP, the health care assistant who also has practice manager responsibilities and members of reception staff during our inspection. We spoke with patients, two members of the patient participation group who were also patients, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording system in place. The incident recording form supported the recording of notifiable incidents under duty of candour. (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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant event meetings took place every three months. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff had labelled blood bottles with incorrect patient details (two patients with the same name), as the incorrect patient had been checked in for an appointment by reception staff. As a consequence the checking in system had been amended to include asking the patient their date of birth to ensure the correct patient was checked in.

Learning and improvement from safety incidents

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. Staff demonstrated

they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice did not meet formally with the health visitor. They told us as the health visitor was based in the same building they had informal discussions if they had any issues about children on the registers and any other families they had concerns about. However these discussions were not recorded on the electronic patient record.
- 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 was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken by the local trust in December 2013 and the action points identified had been addressed. Internal audits were undertaken every three months and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice made use of an electronic computer programme which assisted clinicians with cost effective prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- The practice had only appointed two members of staff since registration with the Care Quality Commission. We looked at the files for these two members of staff and found that all appropriate recruitment checks had been

Are services safe?

undertaken prior to employment for one member of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, for the other member of staff (who had worked at the practice previously) the appropriate recruitment checks not been completed, other than obtaining two new references. The practice provided evidence that they had requested a DBS check for this member of staff within 24 hours of the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice was located in a building owned by a NHS Trust, which was responsible for maintaining the building. The Trust had procedures in place for monitoring and managing risks to patient and staff safety. The trust had carried out a legionella risk assessment and the cleaning staff undertook the routine checks in relation to this. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had been unable to obtain a copy of the fire risk assessment or records of fire alarm testing from the landlord. The practice had undertaken their own fire risk assessment for the area of the building they occupied.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy 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.

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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, as well as panic buttons in each room.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had enacted the business contingency plan on several occasions during the previous 12 months due to the loss of the telephone system and total computer system failure. The practice manager told us the plan worked efficiently and remote working took place for administration and medication duties.

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.
- Clinical staff had access to templates to assist with the assessment of long term conditions.

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 99% of the total number of points available (which was 6% above the local Clinical Commissioning Group (CCG) average and 5% above the national average), with 13% clinical exception rate (which was 3% above the CCG average and 4% above the national average). (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 target. Data from 2014/2015 showed:

- Performance for diabetes related indicators were comparable to the CCG and national averages. However, the clinical exception reporting rate for each of the five indicators was above the CCG and national average exception reporting rates. The exception reporting rate was at least 9% higher than the CCG rate for all five indicators. We looked at the notes of a number of patients who had been exception reported. We saw that they were on appropriate medicines in line with national guidance.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a

face-to-face review in the preceding 12 months was 100% compared with the national average of 84%. There was a practice exception reporting rate of 6% (this equated to one patient) which was below the national average of 8% meaning a higher than average rate of patients had been included.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 70%, which was comparable to other practices but slightly below the national average of 75%. There was a practice exception reporting rate of 3% which was below the national average of 8% meaning a higher than average rate of patients had been included.

Clinical audits demonstrated quality improvement.

- There had been fifteen clinical audits completed in the last four years, a number of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. One completed audit looked at patients who were at high risk of bone fractures due to osteoporosis and whether they were prescribed appropriate medicines. The audit demonstrated improvements in patient care as an additional ten patients with osteoporosis were identified and treated with calcium and vitamin D and another four patients were identified as receiving a sub optimal dose, and from which the dose was adjusted accordingly.
- The CCG benchmarked practices in the locality. The information demonstrated that the practice was a low prescriber of certain types of medicines, including antibiotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- 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. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an

Are services effective?

(for example, treatment is effective)

assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.

- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff had protected learning time, either in house or at training events organised by the CCG. All of the staff had had an appraisal within the last 12 months.
- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The 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.
- The GP reviewed all patients on the hospital admission avoidance register following an admission to hospital and if required carried out a home visit or invited them for an appointment.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 49 patients on the hospital unplanned admission avoidance scheme, and met regularly with the multidisciplinary team meeting, to see if any improvement could be made. The practice had three patients who had been identified with palliative care needs and held bi-monthly meetings attended by the GP and the palliative care team.

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.
- The GP had attended training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- 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.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients could be referred to a local service Together 4 Health for support with weight management, smoking cessation and alcohol intake reduction. The practice offered an in house smoking cessation programme.

The practice maintained registers of patients with long term conditions (for example diabetes and asthma) and offered them at least an annual review of their condition. The practice also identified patients who were living with a learning disability, dementia, or a mental health condition. Patients with dementia or a mental health need were offered an annual review of their medication and physical health needs. There were 16 patients identified on mental health register, and 12 (92%) had attended for their review. Nineteen patients had been identified on the dementia register and 94% of these had attended for their review

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and national average of 82%. (Exception reporting for cervical screening was 2.5%, which was 2.6% below the CCG average and 3.8% below the national average). The

Are services effective? (for example, treatment is effective)

practice offered a range of family planning and routine contraception services, although did not offer implant/coil fitting. Patients requesting a coil or implant were referred to the family planning clinic in Cannock.

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

- 74% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was comparable to the CCG average of 73% and national average of 72%.
- 59% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was above the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 84% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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

We observed 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; conversations taking place in these rooms could not be overheard.
- We saw that maintaining confidentiality at the reception desk was a challenge due to the layout of the waiting room. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients during the inspection, two of whom were members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that the staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The survey invited 311 patients to submit their views on the practice, a total of 115 forms were returned. This gave a return rate of 37%. The practice was slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% 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 87%.
- 98% 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%

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 93% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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 the staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above the local and national averages. For example:

- 94% 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%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and national averages of 85%.

The practice participated in the hospital unplanned admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community matron and district nursing team.

The 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

Notices, leaflets and the patient information folder in the waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients (1.6% of the practice population) who were also carers. Carers were identified on the electronic patient record. Carers were offered an annual health check and the influenza vaccine.

Carers were directed to the Carers Hub organised by the Carers Association Southern Staffordshire (CASS). CASS is a voluntary organisation which offers advice and support to people who have a caring role.

The staff told us that if families had suffered bereavement the GP contacted them by telephone to offer support as required. Patients could be referred to Chase Emotional Wellbeing Service for counselling or supported by the palliative care team if already known to the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GP, practice nurse and health care assistant attended the monthly protected learning time events organised by the CCG.

- Extended consultations were offered on Monday and Tuesday evenings and Friday mornings and were by appointment only.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children as well as patients requesting an urgent appointment.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice engaged with a number of families from the travelling community who were based locally and registered at the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered some minor surgical procedures, for example joint injections.

Access to the service

The practice was open between 8am and 7pm on Mondays and Tuesdays, 8am and 6.30pm on Wednesdays and Thursdays, and 7.30am and 6.30pm on Fridays.

Appointments were available from 9.30am until 12 noon and 4.30 until 7pm on Mondays and Tuesdays, 8.30am until 10.30am and 2.30pm and 4.30pm on Wednesdays, 9.30am until 12 noon on Thursdays, and 7.30am until 10.30am and 3pm until 5pm on Fridays. Extended hours appointments were available Monday and Tuesday evenings and Friday mornings. Four pre bookable appointments were available in each session, with the remainder of the appointments released on the day at 8.30am. All appointments could be booked in person, via the telephone or on line.

Appointments with the practice nurse were available on Tuesday afternoons and Wednesday, Thursday and Friday mornings. Appointments with the health care assistant were available every morning.

The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care Ltd.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to CCG average of 75% and the national average of 73%.

Patients' comments varied on whether they could get appointments when they needed them. The majority of patients told us they could get appointments but others told us sometimes they had to wait, particularly for pre-bookable appointments.

Listening and learning from concerns and complaints

The practice had an effective system in place 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.
- Patients were not informed in the response letters that they could raise their concerns with external bodies, for example the Parliamentary and Health Service Ombudsman.
- We saw that information was available to help patients understand the complaints system. Information was on display in the waiting room and leaflets were available.
- Not all patients spoken were aware of the complaints procedure. However, one patient told us they had made a complaint, which had been managed satisfactorily and an apology received.

We looked the six complaints received between April 2015 and March 2016 and found they had been satisfactorily handled and demonstrated openness and transparency. Complaints were discussed and reviewed annually and all staff attended the meeting. Lessons were learnt from

Are services responsive to people's needs? (for example, to feedback?)

concerns and complaints and action was taken to as a result to improve the quality of care. For example, a number of complaints related to staff attitudes so staff had attended training on customer care and managing conflict.

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.

- Although the practice did not have a written mission statement, it was clear from discussion with staff that everyone was working towards the same aim of high quality healthcare.
- The GP described their plans for the future and what options were available to them. They were exploring a number of different options at the time of the inspection.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, although improvements were required in some areas.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performance was discussed at the monthly clinical meeting, although the frequency of these meetings increased towards the end of the financial year. Informal meetings also took place between the GP and practice manager.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of recruitment of staff.

Leadership and culture

On the day of inspection the GP 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 GP and the locum GP were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management, both professionally and personally.

- 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.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had an active PPG, who met every three months, carried out patient surveys and took forward suggestions and improvements identified through the patient survey. The PPG had suggested providing clear information for patients on how the appointment system works, which the practice had taken board. The practice was also planning to discuss the recent results from the NHS Friends and Family Test which had become negative although there were no comments to support by patients had rated the practice as they did. The practice planned to engage an external company to undertake a patient survey later in 2016.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: one member of reception staff taking responsibility for face to face interaction with patients at the desk whilst the other member of staff answered the telephone.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice carried out a thorough analysis of the significant events and he records supported that learning from these had taken place and become embedded into practice. The practice also carried out clinical audits and used the results to improve outcomes for patients.

This section is primarily information for the provider

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined 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) had not been obtained. This was in breach of regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.